

**BUREAU OF STATISTICS AND PLANS** 

Government of Guam

Felix P. Camacho Governor of Guam

Michael W. Cruz, M.D. Lieutenant Governor

P.O. Box 2950 Hagåtña, Guam 96932 Tel: (671) 472-4201/3

Fax: (671) 477-1812



FEB 06 2009

The Honorable Judith T. Won Pat Speaker, I Mina'Trenta na Liheslaturan Guahan 155 Hesler Street Hagatna, Guam 96910

RE:

FY 2009 1st Quarter Federal Funding Reports

Dear Speaker Won Pat:

Pursuant to P.L. 29-113, Chapter VII, Section 20 – Quarterly Report on Federal Funds the Bureau of Statistics and Plans administers and which the corresponding grantor requires the submittal of a Quarterly Financial Status Reports.

If you have any questions or comments regarding this matter or require additional information, please do not hesitate to contact our office at 472-4201/2/3 or by fax at 477-1812.

Sincerely,

ALBERTO A. LAMORENA V

**Director** 

Enclosures

cc: Office of the Public Auditor BBMR

judith 7. v

-09-0226

0233

			OMB APPROVAL	NO.		PAGE	OF	
DECUES				0348-0	004		PAGES	
	FOR ADV			a. "X" one or both bo		2. BASIS OF REOL	EST	
OK REII	MBURSEM	EN i	1. TYPE OF	ADVANCE	REIMBURSE- MENT	☐ CASH	1	
(See in:	structions on back	()	PAYMENT REQUESTED	b. 'X' the applicable  [2] FINAL.	D PARTIAL	☑ ACCR	UAL	
3. FEDERAL SPONSORING AGENCY WHICH THIS REPORT IS SUBMITTED		AL ELEMENT TO	4. FEDERAL GRA IDENTIFYING N BY FEDERAL A	UMBER ASSIGNED		5. PARTIAL PAYME NUMBER FOR T		
U.S. DEPT.OF INT	ERIOR/Off. of	Insular Affairs	BIFEDERALA	CRI-GU-0	5	93005113-02		
8. EMPLOYER IDENTIFICATION	7. RECIPIENTS A	ACCOUNT NUMBER	8.	PERIOD COVE	EST			
NUMBER	OR IDENTIFYIN	IG NUMBER	FROM (month, day	(, y <del>ear)</del>	TO (month, day, yes	<b>v</b> )		
98-0018947	51011	1050930EI113	}	07/01/08	1	09/3	30/08	
8. RECIPIENT ORGANIZATION			10. PAYEE (Wh	ere check is to be s	ent if different than Nem	9)		
Neme: BUREAU OF STA	TISTICS AND	PLANS	Name: TREA	ASURER OF	GUAM			
Number and Street: P.O. BOX 295	0		Number end Street: P.	O. BOX 884				
City, State and ZIP Code: HAGATNA, GUAM 96932 City, State and ZIP Code: HAGATNA, GUAM 96932								
11. Co	OMPUTATION	OF AMOUNT OF R	EIMBURSEM	ENTS/ADVAN	CES REQUESTED	)		
		(a)	(b)		<b>(c)</b>			

11.	COMPUTATIO	N OF AMOUNT OF REIN	ABURSEMENTS/ADVAN	CES REQUESTED	
PROGRAMS/FUNCTIONS	WACTIVITIES -	(a)	<b>(b)</b>	<i>(</i> 0)	TOTAL
a. Total program outlays to date	(As of date)	\$ 459,985.44	\$	\$	\$ 459,985.44
b. Less: Cumulative program	m income	0.00			0.00
c. Net program outlays (Line line b)		459,985.44	0.00	0.00	459,985.44
d. Estimated net cash outlay period	/s for advance	0.00			0.00
e. Total (Sum of lines c & d)		459,985.44	0.00	0.00	459,985.44
f, Non-Federal share of amo	unt on line e	0.00			0.00
g. Federal share of amount o	on line e	459,985.44			459,985.44
h. Federal payments previou	sky requested	433,886.49			433,886.49
i. Federal share now request minus line h)		26,098.95	0.00	0.00	26,098.95
i Advances required by month, when requested	1st month				0.00
by Federal grantor agency for use in making	2nd month				0.00
prescheduled advances	3rd month				0.00
12.		ALTERNATE COMPUTA	ATION FOR ADVANCES	ONLY	
a. Estimated Federal cash ou	utlays that will be m	ade during period covered by the	he advance		\$ 0.00
b. Less: Estimated balance (	of Federal cash on	hand as of beginning of advanc	ce period		0.00
c. Amount requested (Line a	minus line b)				\$ 0.00
UTHORIZED FOR LOCAL	PEPPODICTION	(Continue	ed on Reverse)	STANDARD FORM 270 (Rev. 7-	<b>97</b> \

**AUTHORIZED FOR LOCAL REPRODUCTION** 

(Continued on Reverse)

STANDARD FORM 270 (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

13.	CERTIFICATION	
I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays	11 <b>1</b>	DATE REQUEST SUBMITTED January 7, 2009
were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	ALBERTO A. LAMORENA V, Director Bureau of Statistics and Plans	TELEPHONE (AREA CODE, NUMBER, EXTENSION)  (671) 472-4201

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Menagement and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

#### **INSTRUCTIONS**

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

Item

Entry

- 2 Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.
- 4 Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.
- 6 Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.
- 7 This space is reserved for an account number or other identifying number that may be assigned by the recipient.
- 8 Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.
- Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both, Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.
  - 11 The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or

Entry

activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.

- 118 Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of inkind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
- 11b Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
- 11d Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
- 13 Complete the certification before submitting this request.

STANDARD FORM 270 (Rev. 7-97) Beck

(Short Form)

(Follow instructions on the back)

	gency and Organizational Element ort is Submitted	Federal Grant or By Federal Ager	or Other Identifying Number A	Assigned	OMB A N 1121	Page of	
	EPARTMENT OF COMMERCE		NA06NOS4260114	DRANT		-0204	1 / 1 pages
3. Recipient O	rganization (Name and complete add	ress, including ZIP code)		No.			
P. O.	EAU OF STATISTICS AND PLANS Box 2950 ATNA, GUAM 96932		FINAL REPORT				
4. Vendor Num	nber 980018947	5. Recipient Account Number o 5101H070930EI1		6. Final Rep [XX ] Yes	oort [ ]No	7. Basis [] Cash	[X] Accrual
	ant Period (See Instructions) nth, Day, Year) 10/01/2006	To: (Month, Day, Year) 9/30/2008	9. Period Covered b From: (Month, Day 04/01/20	y, Year)	To: (Month, Da		0/2008
10. Transaction	ins:		I Previously Reported		II This Report		III nulative
a. Total out			13,483.00		86,256.15		99,739.15
	nt share of outlays		0	)	0.00		0.00
	share of outlays		13,483.00		86,256.15		99,739.15
	liquidated obligations		200				(
	nt share of unliquidated obligations						
f. Federal	share of unliquidated obligations	200					
g. Total Fee	deral share (Sum of lines c and f	ō	7				99,739.15
h. Total Fed	deral funds authorized for this funding	period	-		Ī		
i. Unobliga	ited balance of Federal funds (Line	h minus line g)	_				128,095.00 28,355.85
	a. Type of Rate (Place * ] Provisional	"X" in appropriate box) [ ] Predetermined	[] Final		[ ] Fixed		20,000.00
	o. Rate	c. Base	d. Total Amount			a. Federal Share	е
12. Remarks: A	ttach any explanations deemed neces	ssary or information required by	Federal sponsoring ager	ncy in compliar	nce with governir	ng legislation.	
	lock/Formula Pass Through ederal Grant Sub-Grant	\$ \$	C. Forfeit \$ D. Other \$		E. Expended F. Unexpended	s s	
7.	n: I certify to the best of my knowl unliquidated obligations are fo			ete and that al	l outlays and		
ALBER	ed Name and Title  RTO A. LAMORENA J., DIRECTOR- u of Statistics and Plans			Telephone (Ar	rea code, numbe	er and extensi	
	uthorized Certifying Official			Date Report S	Submitted		

12/22/08
20 (2/22/08)

(Short Form)

	Agency and Organizational Element port is Submitted	Federal Grant or By Federal Agen	Other Identifying Number ocy	Assigned	1	Approval No. I-0264	Page of
	DEPARTMENT OF INTERIOR FICE OF INSULAR AFFAIRS/NOAA		CRI-GU-05		1121	-0264	1 / 1 pages
3. Recipient	Organization (Name and complete addr	ess, including ZIP code)	Alley der at 1986		Mary Transport Control		
P. 0	REAU OF STATISTICS AND PLANS D. Box 2950 GATNA, GUAM 96932		FINAL REPORT				
Vendor Ni	umber 980018947	5. Recipient Account Number or 5101H050930EI11		6. Final Repo [XX ] Yes	ort []No	7. Basis [] Cash	[X] Accrual
	Grant Period (See Instructions) onth, Day, Year) 11/01/2004	To: (Month, Day, Year) 9/30/2008	9. Period Covered b From: (Month, Day 7/1/200	, Year)	To: (Month, D		0/2008
10. Transac	tions:		l Previously Reported		il his Report	The second of the	III ulative
a. Total o	outlays		433,886		26,099		459,985
b. Recipi	ent share of outlays		0		0		0
c. Federa	al share of outlays		433,886		26,099		459,985
d. Total u	unliquidated obligations						0
e. Recipi	ent share of unliquidated obligations		1				0
f. Federa	al share of unliquidated obligations		1				0
g. Total F	Federal share (Sum of lines c and f)		1				459,985
h. Total f	ederal funds authorized for this funding	period	1				483,196
i. Unobli	gated balance of Federal funds (Line I	n minus line g)	-		2.50		23,211
11. Indirect Expense	a. Type of Rate (Place ". [ ] Provisional	X" in appropriate box) [ ] Predetermined	[]Final		[ ] Fixed		23,211
Lxpense	b. Rate	c. Base	d. Total Amount			e. Federal Share	1
			1				
12. Remarks:	Attach any explanations deemed neces	sary or information required by	Federal sponsoring ager	ncy in complian	ce with governi	ing legislation.	
A. B.	Block/Formula Pass Through Federal Grant Sub-Grant	\$ \$	C. Forfelt \$ D. Other \$		E. Expended F. Unexpended	\$ \$	
13. Certificat	ion: I certify to the best of my knowl unliquidated obligations are fo			te and that all	outlays and		
ALB	nted Name and Title ERTO A. LAMORENA, V, DIRECTOR REAU OF STATISTICS AND PLANS	02-		Telephone (Ar	ea code, numb	er and extensi	on)
THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	Authorized Certifying Official			Date Report S	Submitted		



(Short Form)

(Follow instructions on the back)

	Agency and Organizational Element port is Submitted	Federal Grant or By Federal Agen	r Other Identifying Number a ncy	Assigned	N	Approval No. 1-0264	Page of
	DEPARTMENT OF COMMERCE AA/OCRM		NA5NOS4191171		1121	-0204	1 / 1 pages
3. Recipient	Organization (Name and complete addre	ess, including ZIP code)	Acres seattle				
P. 0	REAU OF STATISTICS AND PLANS D. Box 2950 GATNA, GUAM 96932		FINAL REPORT				
Vendor Nu	980018947	Recipient Account Number or     5101H060930CE1	101	6. Final Repo [XX ] Yes	ort [ ]No	7. Basis []Cash	[X] Accrual
From: (Mo	Grant Period (See Instructions) Ionth, Day, Year) 10/01/2005	To: (Month, Day, Year) 9/30/2008	9. Period Covered b From: (Month, Day 4/1/200	y, Year)	To: (Month, Da		0/2008
10. Transact	tions:		l Previously Reported	Th	II his Report		III nulative
· a. Total o	outlays		638,022		117,369		755,391
b. Recipie	ient share of outlays		0		0		0
c. Federa	al share of outlays		638,022		117,369		755,391
d. Total u	unliquidated obligations						
e. Recipie	ent share of unliquidated obligations						
f. Federa	al share of unliquidated obligations		1				
g. Total F	Federal share (Sum of lines c and f)		1				755,391
h. Total F	Federal funds authorized for this funding	period	-				844,000
i. Unoblig	gated balance of Federal funds (Line h	h minus line g)	_		Ī		88,609
11. Indirect Expense	a. Type of Rate (Place ") [ ] Provisional	X" in appropriate box) [ ] Predetermined	[]Final		[ ] Fixed		00,003
LAPONIC	b. Rate	c. Base	d. Total Amount			e. Federal Share	
			1				
12. Remarks:	Attach any explanations deemed neces	sary or information required by	Federal sponsoring ager	ncy in compliant	ce with governir	ng legislation.	
1	Block/Formula Pass Through Federal Grant Sub-Grant	\$ \$	C. Forfelt \$ D. Other \$		E. Expended F. Unexpended	\$	
	ion: I certify to the best of my knowle unliquidated obligations are for			ete and that all	outlays and		
ALBI	nted Name and Title ERTO A. LAMORENA,V, DIRECTOR			Telephone (Are	ea code, numbe	er and extension (671) 475-4201	on)
	Authorized Certifying Official			Date Report S	ubmitted		

9/1/2/08

(Short Form) (Follow instructions on the back)

			ons on the back)				
	Agency and Organizational Element port is Submitted	Federal Grant o     By Federal Age	r Other Identifying Number ncy	Assigned	N	pproval lo.	Page of
100	DEPARTMENT OF COMMERCE AA/OCRM		NA5NOS4191171		1121	-0264	1 / 1 pages
3 Recipient	Organization (Name and complete addre	ess including 7IP code)	2006 GCMP 309		L		
		odd, kiolading Eli. Jett,					
P. (	REAU OF STATISTICS AND PLANS D. Box 2950 GATNA, GUAM 96932		FINAL REPORT				
Vendor N	umber 980018947	Recipient Account Number of     5101H060930CE		7. Basis [] Cash	[X] Accrual		
	Grant Period (See Instructions) onth, Day, Year) 10/01/2005	To: (Month, Day, Year) 9/30/2008	9. Period Covered b From: (Month, Day 4/1/200	y, Year)	To: (Month, D		0/2008
10. Transac	ctions:		I Previously Reported		II his Report		III ulative
a. Total			36,224		40,776		77,000
	ient share of outlays		0		0		C
c. Feder	al share of outlays		36,224		40,776		77,000
d. Total	unliquidated obligations						0
e. Recipi	ient share of unliquidated obligations		7				0
f. Feder	al share of unliquidated obligations				1		0
g. Total I	Federal share (Sum of lines c and f)				[		77,000
	Federal funds authorized for this funding	period					77,000
i. Unobli	gated balance of Federal funds (Line I	n minus line g)					0
11. Indirect Expense	a. Type of Rate (Place ") [ ] Provisional	X" in appropriate box) [ ] Predetermined	[] Final		[ ] Fixed		
	b. Rate	c. Base	d. Total Amount			. Federal Share	
			1				
12. Remarks:	Attach any explanations deemed neces	sary or information required by	Federal sponsoring ager	ncy in complian	ce with governir	ng legislation.	
А. В.	Block/Formula Pass Through Federal Grant Sub-Grant	\$ \$	C. Forfeit \$ D. Other \$		E. Expended F. Unexpended	\$ \$	
13. Certificat	ion: I certify to the best of my knowle unliquidated obligations are fo			ete and that all	outlays and		
Typed or Pri	nted Name and Title			Telephone (Ar	ea code, numbe	er and extension	on)
	ERTO A. LAMORENA,V, DIRECTOR				(	671) 475-4201	
	Authorized Cenifying Official	~		Date Report S	Submitted		

W 12/29/08

(Short Form)

		(Follow instructi	ons on the back)				
	Agency and Organizational Element port is Submitted	Federal Grant of By Federal Age	r Other Identifying Number a ncy	Assigned	N	Approval lo. -0264	Page of
110	DEPARTMENT OF COMMERCE	i	NA5NOS4191171		1121	-0264	1/1
	AA/OCRM						pages
			2008 GCMP 196				pagoo
<ol><li>Recipient</li></ol>	Organization (Name and complete ad	dress, including ZIP code)					
. 154.							
	REAU OF STATISTICS AND PLANS						
172.7CS	O. Box 2950 GATNA, GUAM 96932		FINAL REPORT				
na.	GATNA, GUAM 90932						
4. Vendor N	umber	5. Recipient Account Number of	or Identifying Number	6. Final Rep	ort	7. Basis	
0.0000000000000000000000000000000000000	980018947	5101H060930CE	103	[XX ] Yes	[ ] No	[] Cash	[X] Accrual
O Funding/	Count Desired (Co. Lat. 15-1)		In Desired Courses d by	this December			
	Grant Period (See Instructions)	To: (Month, Day, Year)	<ol><li>Period Covered by From: (Month, Day</li></ol>		To: (Month, D	av Vearl	
1 TOTAL (NA	10/01/2005	9/30/2008	4/1/200		TO. (WOTHER, D		0/2008
10. Transac	ctions:				Н		III
ł			Previously	Т	his	Cum	ulative
a. Total	outlays		Reported		Report		
a. Total	oulays		20,000		3,355		23,355
b. Recipi	ient share of outlays						
			0		0		0
c. Feder	al share of outlays		20,000		3,355		22.255
d. Total	unliquidated obligations		20,000		3,333		23,355
47 3344							0
e. Recipi	ient share of unliquidated obligations						
f Endos	al share of unliquidated obligations		_				0
. f. Feder	ai snare or uniiquidated obligations						0
g. Total f	Federal share (Sum of lines c and	d f)					
							23,355
h. Total f	Federal funds authorized for this funding	ng period					
i. Unobli	gated balance of Federal funds (Lin	ne h minus line g)	_		-		40,000
i. Onobii	gated balance of rederal funds (Lin	e ii iimius mie gj	i				16,645
	a. Type of Rate (Place	"X" in appropriate box)					
11. Indirect	[ ] Provisional	[ ] Predetermined	[ ] Final		[ ] Fixed		
Expense							
	b. Rate	c. Base	d. Total Amount			e. Federal Share	•
12. Remarks:	Attach any explanations deemed ned	cessary or information required by	Federal sponsoring agen	ncy in compliar	ice with governii	ng legislation.	
Α.	Block/Formula Pass Through	s	C. Forfeit \$		E. Expended	s	
В.	Federal Grant Sub-Grant	s	D. Other \$		F. Unexpended	Š	
13. Certificat	ion: I certify to the best of my know	wledge and belief that this repo for the purpose set forth in the		ete and that al	l outlays and		
	uninquidated obligations are	for the purpose set forth in the	award documents.				
Typed or Pri	nted Name and Title			Telephone (Ar	ea code, numbe	er and extensi	ion)
		_					
	ERTO A. LAMORENA, V. DIRECTOR REAU OF STATISTICS AND PLANS	٠,			(	671) 475-4201	1
	Authorized Certifying Official	1		Date Report S	Submitted		
		/ /	ı				- 1
	( LAT C						1

(Short Form)



Federal Agency     Element to which	ry and Organizati ich Report is Su		2. Grant or a	r Award Number A	Assigned by (	OJP	OME No.	B Appro	vai	Page 1	of
U.S Dept. of Office of Jus	f Justice ustice Progra	ims (OJP)	20	004-GP-CX-070	<b>01</b>		1 -	21-0264 ires: 01/	4 /3/2006	pages	
Recipient Organ     Guam Bureau     Post Office Bo     Hagatna, GU 9	u of Statistics an ox 2950	•	Iress, including 2	ZIP code)							
4. Vendor Number	r 5. F	Recipient internal	code or Identifyir	ing Number (if an	ıy)	6. Final Report			7. Basis	,	
980017947		5101H050920	SE101			Y	es x Ne	•	1	Cash X	Accrual
8. Funding/Grant P	•	,	~ ~~			od Covered by this f	•	· •			
From: (Month, £ 10/01/2	- ,	То: (мог	onth, Day, Year) 09/30/2009		From	n: (Month, Day, Yea 10/01/2008	ar)	To:	(Month, Da	ay, Year) 31/2008	
10/01/2-	.004		09/30/2003		<b></b>	10/01/2000	<del></del>	<u></u>	120	1/2006	
10. Transactions:					Previou	l usly Reported		II Period		III Cumulai	tive
a. Total outlays						\$323,502.00			\$508.00		\$324,010.00
b. Recipient Sha	are of outlays					\$0.00	\$0.00 \$508.00 \$32-				\$0.00
c. Federal share	e of outlays					\$323,502.00					
d. Total unliquidated obligations						\$14,036.00					
e. Recipient share of unliquidated obligations											\$0.00
f. Federal share of unliquidated obligations											\$14,036.00
g. Total Federal											\$338,046.00
h. Total Federal	funds authorize	red for this funding	period							9	\$362,038.00
i. Unobligated ba	alance of Feder	ral funds (Line h m	ninus Line g)								\$23,992.00
11. Indirect Expense	a. Type of Ra	ate (place "x" in ap				-					
Expense		P	Provisional	Pre	redetermine	d Fi	inal		Fixed	d	
	b. Rate	0.00%	c. Base	\$0.00	,	d. Total Amount	\$0.00		e. Fed	deral Share \$0.0	00
12. Remarks: attac	ich any explana	ations deemed nec	cessary or inform	nation required b	y Federal spr	onsoring agency in	compliance v	with gov	/eming legi	islation.	——————————————————————————————————————
				1	PROGRAM	M INCOME:					
A. Block/Formula p		\$0.0			C. Forfeit			D. Othe		•	.00
B. Federal Funds S	Subgranted	\$0.0	.0		E. Expende	ed \$	\$0.00 F	. Unex	xpended	\$0.	.00
13. Certification 1 o		est of my knowledgoses set forth in the			orrect and cor	nplete and that all	outlays and u	nliquida	ated obligat	itions	-
Typed or Printed Na Mr. Alberto A L		er Director			4/09		exten	nsion)		, number and	
Signature of Authori	Mr. Alberto A Lamorena Other Director (671) 472-4201  Signature of Authorized Certifying/Official Date Report Submitted 02/01/2009								Submitted		



(Short Form)

	Report is Submitted	2. Grant or Awa			JР	No.	3 Approval		Page	of	
U.S Dept. of J Office of Justi	lustice tice Programs (OJP)	2004-	1-DB-BX-005	54 			1-0264 res: 01/3/2006	в		pages	
	ration (Name and complete a f Statistics and Plans 932-2950	ddress, including ZIP	code)								
4. Vendor Number	5. Recipient interna	al code or Identifying N	Number (if an	ıy)	6. Final Report		7. Ba	asis			
980017947	5101H04092	20El108				es × No	。	Cas	h X	Accrual	
8. Funding/Grant Peri From: (Month, Day 10/01/200		Jonth, Day, Year) 09/30/2009			d Covered by this F : (Month, Day, Ye 10/01/2008	•	To: (Month	n, Day, Ye 2/31/200			
10. Transactions:				Previous	I sty Reported	I This F	II Period		III Cumulati	ive	
a. Total outlays					\$1,258,595.00		\$0.0	ю	\$1,	258,595.00	
b. Recipient Share					\$0.00		\$0.0	ю		\$0.00	
c. Federal share of	f outlays				\$1,258,595.00		\$0.0	\$0.00 \$1,258,5			
d. Total unliquidate	ed obligations									\$0.00	
e. Recipient share	of unliquidated obligations									\$0.00	
f. Federal share of	funliquidated obligations									\$0.00	
	nare (Sum of Lines c and f)									258,595.00	
	inds authorized for this fundir			<b></b>				4		404,775.00	
	ance of Federal funds (Line h		!	<u> </u>		<u> </u>			\$	146,180.00	
11. Indirect a. Expense	. Type of Rate (place "x" in a	approppriate box)  Provisional	Pr	edetermine	d F	inal	F	ixed			
b.	. Rate 0.00%	c. Base	\$0.00	,	d. Total Amount	\$0.00	е.	Federal S	hare \$0.0	0	
12. Remarks: attach	any explanations deemed n	ecessary or information	on required b	y Federal spo	nsoring agency in	compliance w	vith governing	legislation	1.		
				PROGRAM	INCOME:						
A. Block/Formula pas	asthrough \$6	0.00	1	C. Forfeit	,	\$0.00 D	D. Other		\$0.0	00	
B. Federal Funds Sub	•	0.00		E. Expende			. Unexpende	đ	\$0.0		
	ortify to the best of my knowle for the purposes set forth in t			prrect and con	nplete and that all	outlays and u	nliquidated ob	oligations			
Typed or Printed Name	morena V Director		4	140	9 1	exten	phone (Area co ision) 472-4201	ode, numb	er and		
Signature of Authorize	ld Carditying Official						Report Submi	tted	<del></del>		

(Short Form)



Federal Agency     Element to which			2. Gra	ant or Award Number A	ssigned by O	JP	OME No.	B Appro	val	Pag <b>e</b>	of
U.S Dept. of Office of Jus		grams (OJP)		2005-DJ-BX-0071	1		1	1-0264		1	1
3. Recipient Organ Guam Bureau P.O. Box 2950 Hagatna, GU 9	nization (Nar of Statistics	ime and complete ac s and Plans	ddress, inclu	uding ZIP code)			Ехрі	ires: 01/	3/2006		pages
4. Vendor Number	r !	5. Recipient interna	i code or id	lentifying Number (if any	y)	6. Final Report			7. Basis		
980017947		5101H05092	:0EI108			v	res X N	•		Cash x	Accrual
8. Funding/Grant Po From: (Month, D 10/01/20	Day, Year)	,	onth, Day, Y 09/30/20	, i	•	d Covered by this : (Month, Day, Ye 10/01/2008	ear)	To: (	(Month, Da 12/31	ay, Year) 1/2008	
10. Transactions:					Previous	I sty Reported	2	II Period		III Cumulati	ive
a. Total outlays						\$701,662.00		\$33	3,614.00	\$	735,276.00
b. Recipient Sha	re of outlay	ıs				\$0.00			\$0.00		\$0.00
c. Federal share	of outlays					\$701,662.00		\$33	3,614.00	\$	735,276.00
d. Total unliquida	ated obligati	ions								\$	503,474.00
e. Recipient shar	re of unliqui	idated obligations									\$0.00
f. Federal share	of unliquida	ited obligations								\$	503,474.00
g. Total Federal s										\$1,2	238,750.00
		orized for this fundin								\$1,2	238,750.00
		ederal funds (Line h	<u> </u>				<u> </u>				\$0.00
11. Indirect Expense	а. Гуре от	f Rate (place "x" in a	Provision	M C CONTRACTOR	edetermine	d F	inal	(	Fixed	j	
	b. Rate		C.	Base		d. Total Amount	ì		e. Fede	eral Share	
		0.00%		\$0.00			\$0.00			\$0.0	0
Remarks: attact     A. Block/Formula pa     B. Federal Funds Si	passthrough	\$0.	0.00	information required by	PROGRAM  C. Forfeit  E. Expende	INCOME:	\$0.00 E	with gove O. Other  Unexp	r	\$58,208.8 \$29,039.8	
		e best of my knowled irposes set forth in th		lief that this report is cor ocuments.	rrect and com	iplete and that all	outlays and u	nliquida	ted obligati	ions	
Typed or Printed Nai Mr. Alberto A L				receiv	09		exten	ohone (Ansion) 472-42		number and	
Signature of Authoriz	zed dertituir	ng Official	_					Report 9 /2009	Submitted		

DOJ Standard Form 269a (REV 2002)

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(Short Form)

Federal Agency	and Oras	coirational	T,	Grant or Award Number	ar Acc	cianad by C	) D	1 01	/IB Appro	···al	Page	of		
Federal Agency     Element to which	ich Report i	is Submitted	۲.	Gigitt of Angle (venter	al Ass.	igned by C.	76-	No.		vai		1		
U.S Dept. of Office of Ju		ograms (OJP)		2005-RT-BX-0	J0 <b>54</b>			8	21-0264 pires: 01/		1	1 pages		
3. Recipient Organ Guam Bureau Post Office Bo Hagatna, GU 9	u of Statistic ox 2950		address, i	ncluding ZIP code)					pilou.	W EU E				
4. Vendor Number	r	5. Recipient intern	nal code o	or Identifying Number (if	f any)		6. Final Report			7. Basis	3			
980017947		5101H05092	20SE10	7			Y	es X I	No		Cash X	Accrual		
8. Funding/Grant P From: (Month, I 10/01/20	Day, Year)	•	Month, Da 09/30	ay, Year) 0/200 <del>9</del>			Covered by this in (Month, Day, Yes)	•	То:	(Month, D 12/3	ay, Year) 11/200 <b>8</b>			
10. Transactions:						Previous	I ly Reported	This	II Period		III Cumulat	ive		
a. Total outlays					I		\$44,070.00		\$13	3,669.00		\$57,739.00		
b. Recipient Sha	are of outla	ys					\$0.00			\$0.00		\$0.00		
c. Federal share	of outlays						\$44,070.00		\$13	3,669.00		\$57,739.00		
d. Total unliquid	lated obliga	ations								\$78,17				
e. Recipient sha	are of unliqu	uidated obligations			1							\$0.00		
f. Federal share	of unliquid	lated obligations			1							\$78,174.00		
		m of Lines c and f)			1							135,913.00		
		horized for this fundir			4						\$	135,913.00		
		Federal funds (Line h										\$0.00		
11. Indirect Expense	a. Type o	of Rate (place "x" in a	Provisi		Prede	etermined	j Fi	inal		Fixe	d			
	b. Rate	<u></u>		c. Base			d. Total Amount			e. Fed	deral Share			
		0.00%		\$0	0.00			\$0.00			\$0.0	0		
12. Remarks: attac	ch any expl	lanations deemed n	necessary	y or information required		Federal spon		compliance	with gov	erning leg	islation.	-		
A. Block/Formula p B. Federal Funds S			50.00 50.00		1	C. Forfeit E. Expended			D. Othe F. Unex		\$0.0 \$0.0			
		he best of my knowle urposes set forth in t		d belief that this report is documents.	3 correc	ct and com	plete and that all	outlays and	unliquida	ited obliga	ations			
Typed or Printed Na Mr. Alberto A L				1	1	240	9_1	exte	ephone ( <i>i</i> ension) 1) 472-42		, number and			
Signature of Authori	ized Certify	Ang conficial	<del>/</del>					Date		Submitted	l			

DOJ Standard Form 269a (REV 2002)

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(Short Form)

Federal Agency and C     Element to which Rep	Organizational ort is Submitted	2. Grant or Award Num	ber Assigned by 0	)JP	OMB Appro No.	oval	Page	of	
U.S Dept. of Justi Office of Justice		2006-RT-BX	-0059		1121-026 Expires: 01		1	1 pages	
Recipient Organization     Guam Bureau of Stat     Post Office Box 2950     Hagatna, GU 96932-3	istics and Plans	address, including ZIP code)			Expired. Of				
4. Vendor Number	5. Recipient intern	al code or Identifying Number	(if any)	6. Final Report		7. Basis			
980017947	5101H0609	20SE107		Y	Cash X	Accrual			
8. Funding/Grant Period ( From: (Month, Day, Ye 10/01/2005		lonth, Day, Year) 09/30/2009	9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) 10/01/2008 12/31/2008						
10. Transactions:	Previou	! sty Reported	II This Period		III Cumulativ	/e			
a. Total outlays				\$6,445.00		\$411.00		\$6,856.00	
b. Recipient Share of o	utlays			\$0.00	\$0.00				
c. Federal share of outl	ays		\$6,445.00		\$411.00		\$6,856.00		
d. Total unliquidated ob	digations					\$	33,035.00		
e. Recipient share of u	nliquidated obligations							\$0.00	
f. Federal share of unlic							\$	33,035.00	
g. Total Federal share								39,891.00	
h. Total Federal funds a							\$	39,891.00	
i. Unobligated balance	or rederal funds (Line r							\$0.00	
11. Indirect a. 198 Expense	Se of flate (place X III	Provisional	Predetermine	dFI	nai	Fixe	1		
b. Ra	te	c. Base		d. Total Amount		e. Fed	eral Share		
	0.00%		0.00		\$0.00	<u> </u>	\$0.00	)	
		ecessary or information requir	PROGRAM		compliance with gov	reming legi	slation.		
A. Block/Formula passthro     B. Federal Funds Subgran		0.00 0.00	C. Forfeit E. Expende		50.00 D. Othe 50.00 F. Unex		\$0.00 \$0.00		
13. Certification I certify t		edge and belief that this report						-	
Typed or Printed Name and Mr. Alberto A Lamore			red	Telephone ( extension) (671) 472-42		number and			
Signature of Authorized Ce	ertifying Official			Date Report 02/01/2009	Submitted		i		

DOJ Standard Form 269a (REV 2002)

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U.S Dept. of Ju	Report is Submitted	d	. Grant or Award Number As		JP	No. 1121	3 Approval 1-0264 res: 01/3/2006	6	Page 1	of 1 pages
Recipient Organiza     Guam Bureau of S     P.O. Box 2950     Hagatna, GU 969	Statistics and Plans	•	including ZIP code)							
4. Vendor Number	5. Recipier	nt internal code o	or Identifying Number (if any	y)	6. Final Report		7. Ba	asis		
980017947	5101	H060920EI108	3		Y	es x No	<u> </u>	Ca	ish X	Accrual
8. Funding/Grant Peric From: (Month, Day 10/01/2005	y, Year)	To: (Month, Da	0ay, Year) 30/200 <b>9</b>	Period Covered by this Report     From: (Month, Day, Year)     To: (Month, Day, Year)     10/01/2008     12/31						
10. Transactions:				Previous	l sly Reported	II This P			III Cumulati	íve
a. Total outlays				\$307,651.00 \$79,482.00				ю	\$	387,133.00
b. Recipient Share				\$0.00 \$0.00						\$0.00
c. Federal share of	\$307,651.00		\$79,482.0	ю	\$	387,133.00				
d. Total unliquidated									\$	333,204.00
e. Recipient share o	<del></del>			<b></b>				_		\$0.00
f. Federal share of u				<b></b>						333,204.00
g. Total Federal sha h. Total Federal fun			<del></del>	<del> </del>				-		720,337.00 730,000.00
i. Unobligated balan				<del> </del>				+-	<del></del>	\$9,663.00
	. Type of Rate (place					L				Ψ0,000
Expense		Provis	/	edetermine	d Fi	inal	F	ixed		
b.	Rate		c. Base		d. Total Amount		е.	Federal	Share	
	0	0.00%	\$0.00		<u> </u>	\$0.00			\$0.0	0
12. Remarks: attach a	any explanations de	emed necessary	y or information required by	equired by Federal sponsoring agency in compliance with governing legislation.  PROGRAM INCOME:						
A. Block/Formula pass B. Federal Funds Sub	-	\$0.00 \$0.00	C. Forfeit E. Expende	·		. Other . Unexpended	d	\$0.0 \$0.0		
	rtify to the best of my for the purposes set		nd belief that this report is cor and documents.	rrect and com	iplete and that all o	outlays and un	iliquidated ob	ligations		
Typed or Printed Name and Title  Mr. Alberto A Lamorena V Director				2/4/	09	extens	hone (Area co sion) 472-4201	ode, num	nber and	
Signature of Authorized	<del></del>		Date R 02/01/2	Report Submit 2009	tted					

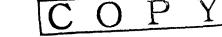
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	cy and Organizational nich Report is Submitted		?. Grant or Award Number As	ssigned by C	NP	OMB App No.	proval	Page	of
U.S Dept. o	•		2006-GP-CX-005	59		1121-02	2 <b>64</b> 01/3/200 <b>6</b>	1	1 pages
-		•	including ZIP code)						
4. Vendor Numbe	5. Recipien	it internal code	or Identifying Number (if any	y)	6. Final Report		7. Basis	;	
980017947	5101	H070920SE10	<b>31</b>	·	Y	es x No		Cash x	Accrual
8. Funding/Grant F From: (Month, 1 10/01/2		To: (Month, D	Day, Year) 30/2009	9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) 10/01/2008 12/31/2008					
10. Transactions:	l Previously Reported				II This Perio	d	III Cumulati	ive	
a. Total outlays	i			\$1,756.00 \$32,560.00					\$34,316.00
b. Recipient Sh					\$0.00	\$0.00		\$0.00	
c. Federal share	e of outlays				\$1,756.00		\$32,560.00	\$34,316.00	
d. Total unliquic	dated obligations								\$35,023.00
e. Recipient sha	are of unliquidated obliga	ations							\$0.00
f. Federal share	e of unliquidated obligation	ons							\$35,023.00
	al share (Sum of Lines c								\$69,339.00
	al funds authorized for thi								\$73,334.00
<del></del>	balance of Federal funds			<u></u>		L	]		\$3,995.00
11. Indirect Expense	a. Type of Rate (place	,		edetermined	d FI	inal	Fixed	d	
	b. Rate	!	c. Base		d. Total Amount		e. Fed	deral Share	
		.00%	\$0.00			\$0.00		\$0.00	<u>)</u>
	PROGRAM INCOME:  ck/Formula passthrough \$0.00 C. Forfeit \$0.00 D. Other \$0.00							so.0 \$0.0	
		\$0.00	The state of the s	E. Expende			nexpended		
	I certify to the best of my are for the purposes set for		nd belief that this report is cor ard documents.	rrect and com	iplete and that all c	outlays and unliqui	dated obligat	tions	
Typed or Printed No.	Name and Title  Lamorena V Director		,	ro <u>g</u> s	ived	Telephone extension) (671) 472-	)	, number and	
Signature of Author	orized Certifying Official	04	~		7409	Date Repo 02/01/2009	ort Submitted 9	1	

DOJ Standard Form 269a (REV 2002)

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(Short Form)

Federal Agency and Element to which Rep     U.S Dept. of Just     Office of Justice	port is Submitted	2. Grant or Award Number A	,	JP	No. 1121	Approval -0264 es: 01/3/2006	Page 1	of 1 pages
Recipient Organization     Guam Bureau of Sta     P.O. Box 2950     Hagatna, GU 96932	atistics and Plans	dress, including ZIP code)						
4. Vendor Number	5. Recipient internal	code or Identifying Number (if an	y)	6. Final Report		7. Basis		
980017947	5101E080933	BPA101		Y	es x No		Cash x	Accrual
8. Funding/Grant Period From: (Month, Day, Y 10/01/2007	•		Covered by this f (Month, Day, Yea 10/01/2008	•	To: (Month, Da	ay, Year) 1/2008		
-		09/30/2009						
10. Transactions:				l ly Reported	II This P	i	III Cumulati	ve
a. Total outlays				\$4,853.00		\$703.00		\$5,556.00
b. Recipient Share of	outlays			\$0.00		\$0.00		\$0.00
c. Federal share of our	tlays		\$4,853.00 \$703.00				\$5,556.00	
d. Total unliquidated o	bligations							86,886.00
e. Recipient share of u	inliquidated obligations							\$0.00
f. Federal share of unli	iquidated obligations							86,886.00
g. Total Federal share	· <u>·</u> ·····						5	92,442.00
h. Total Federal funds	authorized for this funding	period					9	96,594.00
i. Unobligated balance	of Federal funds (Line h r	minus Line g)						\$4,152.00
11. Indirect a. Ty Expense	/pe of Rate (place "x" in ap	,	edetermine	j Fi	nal	Fixe	d	
b. Ra		c. Base		d. Total Amount		e. Fed	leral Share	
	0.00%	\$0.00			\$0.00		\$0.00	)
12. Remarks: attach any	r explanations deemed ne	cessary or information required by	/ Federal spo		compliance wi	th governing leg	islation.	
A. Block/Formula passthr	rough \$0.0	00	C. Forfeit	\$	so.oo D.	Other	\$0.0	ю
B. Federal Funds Subgra	anted \$0.0	∞0	E. Expende	d \$	60.00 F.	Unexpended	\$0.0	0
	to the best of my knowled he purposes set forth in th	ge and belief that this report is co e award documents.	rrect and com	plete and that all o	outlays and un	liquidated obliga	tions	
Typed or Printed Name ar		706	eive	d	extens	oone (Area code ion) 172-4201	, number and	
Signature of Authorized Certifying Official			7 4 0	7		leport Submitted		

DOJ Standard Form 269a (REV 2002)

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	cy and Organizational ich Report is Submitte		2. Grant or Award Num	ber Ass	signed by O	JP	OM No.	B Appro	val	Page	of
U.S Dept. of Ju	of Justice ustice Programs (	(OJP)	2007-DJ- <b>B</b> X	-0063			1	21-0264 hires: 01/		1	1 pages
, ,	u of Statistics and Plar	•	ess, including ZIP code)								
4. Vendor Numbe	er 5. Recipi	ent internal c	ode or Identifying Number	(if any)	y) 6. Final Report			7. Basis	7. Basis		
980017947	980017947 5101H070920EI108					Υ	es X N	lo		Cash ×	Accrual
8. Funding/Grant Period (See Instructions)						Covered by this			(14++ D	V	
From: (Month, Day, Year) To: (Month, Day, Year) 10/01/2006 09/30/2010				Į	riom:	(Month, Day, Ye 10/01/2008	ar)	10:	(Month, Da 12/3	ay, Year) 1/2008	
10,07,0								<u> </u>		1	
10. Transactions:				Previous	I ly Reported	This	II Period		ill Cumulati	ve	
a. Total outlays					\$40,612.00		\$113	3,855.00	\$	154,467.00	
b. Recipient Sh	are of outlays					\$0.00			\$0.00		\$0.00
c. Federal shar	e of outlays					\$40,612.00		\$113	3,855.00	\$154,467.00	
d. Total unliquid	dated obligations									\$	775,262.00
e. Recipient sh	are of unliquidated ob	ligations									\$0.00
f. Federal share	of unliquidated obliga	ations				-				\$	775,262.00
	I share (Sum of Lines									\$	929,729.00
	I funds authorized for										132,013.00
i. Unobligated b	palance of Federal fun-							<del></del>		\$3	202,284.00
11. Indirect Expense	a. Type of Rate (pla		ovisional	Pred	etermined	∫ FI	nal	,	Fixe	đ	
	b. Rate	0.000/	c. Base	to oo	d. Total Amount			e. Federal Share			•
		0.00%		\$0.00	1		\$0.00		<u> </u>	\$0.0	
12. Remarks: atta	ach any explanations (	deemed nece	essary or information requir		ederal spor		compliance	with gov	eming legi	islation.	
A. Block/Formula	passthrough	\$0.00	)	c	C. Forfeit	\$	so.oo	D. Othe	r	\$0.0	ю
B. Federal Funds	Subgranted	\$0.00	)	E	. Expende	d s	so.00 i	F. Unex	pended	\$0.0	0
	certify to the best of r		e and belief that this report award documents.	is corre	ect and com	plete and tat all	outlays and t	ınliquida	ited obliga	tions	
Typed or Printed Name and Title  Mr. Alberto A Lamorena V Director				1	4 7/4	107	exte	phone ( <i>h</i> nsion) ) 472-42		, number and	
Signature of Authorized Contifying Official				- I				Report 1/2009	Submitted		





Federal Agency and Element to which Re     U.S Dept. of Jus	eport is Submitted <b>stice</b>	' <b> </b>	Grant or Award Number	• .	JP	OMB A <sub>1</sub> No. 1121-0	•	Page 1	of 1		
Office of Justice	e Programs (U	JP)				Expires	01/3/2006		pages		
Recipient Organizatic     Guam Bureau of St     P. O. Box 2950     Hagatna, GU 96933	tatistics and Plans		including ZIP code)								
4. Vendor Number	5. Recipier	nt internal code	or Identifying Number (if a	ny)	6. Final Report		7. Basis	7. Basis			
980017947	5101	H070920SE10	)7		Υ.	es × No		Cash X	Accrual		
8. Funding/Grant Period				Period Covered by this Report							
From: (Month, Day, ` 10/01/2006		To: (Month, Da	ay, Year) 0/2010	From: (Month, Day, Year) To: (Month, Day, Year)				0ay, Year) 31/2008			
10/01/2000		08/0	0/2010	<u> </u>	10/01/2008 12/3			1/2006			
10. Transactions:				Previous	l ly Reported	II This Peri	od	III Cumulati	ve		
a. Total outlays					\$0.00 \$0.0				\$0.00		
b. Recipient Share of	l outlays				\$0.00 \$0.00				\$0.00		
c. Federal share of o	utlays				\$0.00		\$0.00	\$0.00			
d. Total unliquidated	obligations								\$0.00		
e. Recipient share of	unliquidated oblig	jations				l			\$0.00		
f. Federal share of un	ıliquidated obligati	ions							\$0.00		
g. Total Federal share		<u>.</u>					<u>,                                      </u>		\$0.00		
h. Total Federal funds	s authorized for th	is funding period	d						\$38,567.00		
i. Unobligated balance	e of Federal funds	(Line h minus l	ine g)						38,567.00		
11. Indirect a. T Expense	Type of Rate (place		·		- (			-			
		Provis		redetermined	'	nai	Fixe				
b. F		.00%	c. Base \$0.0		d. Total Amount	\$0.00	e. Fed	deral Share \$0.0	o .		
12 Remarks: attach an			y or information required t		ecring agency in		coverning led				
The Holling Group, and	iy oxpiditations as	diriod income.	y of mornanon roquica.	PROGRAM		compilation man	goranning log	jiskuvii.			
* Pie-WEamula nageth	·	\$0.00		C. Forfeit	4	·· • • • • • • • • • • • • • • • • • •		<b>*0</b> (	. •		
<ul><li>A. Block/Formula passth</li><li>B. Federal Funds Subgra</li></ul>	E. Expende			other nexpended	\$0.0 \$0.0						
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.											
Typed or Printed Name a			Telephor extension (671) 472	1)	, number and						
Signature of Authorized C	741	09		ort Submitted	i						

(Short Form)



	cy and Organizational nich Report is Submitted	2	2. Grant or Award Number A	Assigned by C	ЭJР	OMB No.	B Appro	oval	Page	of
U.S Dept. o Office of Ju	of Justice ustice Programs (OJP)		2007-GP-CX-002	28			21-0264 ires: 01/	1/3/20 <b>06</b>	1	1 pages
		address,	including ZIP code)							
4. Vendor Numbe	5. Recipient inter	nal code	or Identifying Number (if any	ıy)	6. Final Report			7. Basis		
980017947	5101H0709	920SE10	02	·	Y	es X No	0		Cash X	Accrual
8. Funding/Grant F From: (Month, 09/01/2		Day, Year) 31/2010	1	nd Covered by this F n: (Month, Day, Yea 10/01/2008	•	То:		(Month, Day, Year) 12/31/2008		
10. Transactions:				Previous	i II viously Reported This Period			III Cumula	ıtive	
a. Total outlays	3				\$8,737.00 \$9,943.00			9,943.00		\$18,680.00
b. Recipient Sh	are of outlays				\$0.00	\$0.00				\$0.00
c. Federal share	e of outlays				\$8,737.00		\$£	9,943.00	\$18,680.00	
d. Total unliquio	dated obligations									\$31,951.00
e. Recipient shr	nare of unliquidated obligations	,								\$0.00
f. Federal share	e of unliquidated obligations									\$31,951.00
	al share (Sum of Lines c and f)									\$50,631.00
	al funds authorized for this fund			<u></u>						\$55,909.00
	balance of Federal funds (Line			<u></u>					<u></u>	\$5,278.00
11. Indirect Expense	a. Type of Rate (place "x" in	Provis		edetermined	d Fi	inal		Fixed	d	-
	b. Rate 0.00%		c. Base \$0.00	,	d. Total Amount	\$0.00		e. Fede	deral Share \$0.0	00
12. Remarks: atta	ach any explanations deemed	necessa	ry or information required b	y Federal spo	insoring agency in	compliance w	vith gov	/eming legi:	islation.	
ı				PROGRAM	INCOME:					
A. Block/Formula p B. Federal Funds	•	C. Forfeit E. Expende	·	•	D. Other	er xpended	• • •	).00 ).00		
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligation are for the purposes set forth in the award documents.							ated obligati	iions		
Typed or Printed No.		ve.	-aair	und.	extens		·	, number and	i	
Signature of Author	orized Certifying Official		74	09	Date F 02/01/	•	Submitted			





U.S Dept. of Office of Ju  3. Recipient Organ	nization (Name and cor of Statistics and Plans	OJP) implete address,	. Grant or Award Number As 2008-CD-BX-0006 , including ZIP code)		JP	Page 1	of 1 pages		
4. Vendor Number 980017947	r 5. Recipier	nt internal code o	or Identifying Number (if any 01		5	es × No	7. Basi	is Cash x	Accrual
8. Funding/Grant F From: (Month, I 10/01/2	•	To: (Month, Da	9ay, Year) 30/2009		Covered by this F (Month, Day, Yea 10/01/2008	To: (Month, I	Day, Year) /31/2008		
10. Transactions:			Previous	I siy Reported	II This P	•	III Cumul		
a. Total outlays					\$0.00		\$0.00		\$0.00
b. Recipient Sha	are of outlays				\$0.00		\$0.00		\$0.00
c. Federal share	of outlays				\$0.00	\$0.00			
d. Total unliquid	ated obligations								\$0.00
e. Recipient sha	are of unliquidated oblig	gations							\$0.00
f. Federal share	of unliquidated obligati	ions							\$0.00
g. Total Federal	share (Sum of Lines c	and f)							\$0.00
h. Total Federal	funds authorized for th	is funding perior	d						\$99,337.00
i. Unobligated ba	alance of Federal funds	s (Line h minus l	Line g)						\$99,337.00
11. Indirect Expense	a. Type of Rate (place	Provis		determine	d FI	nai	Fix	ed	
	b. Rate		c. Base		d. Total Amount		e. Fe	ederal Share	
	0.	.00%	\$0.00			\$0.00		\$0	.00
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.  PROGRAM INCOME:  A. Block/Formula passthrough \$0.00 C. Forfeit \$0.00 D. Other \$0.00							3.00		
A. Block/Formula p  B. Federal Funds S			C. Forfeit E. Expende			. Other . Unexpended	•	0.00	
	certify to the best of my re for the purposes set		d belief that this report is cor rd documents.	rrect and com	plete and that all o	outlays and ur	nliquidated oblig	gations	
Typed or Printed Na	ame and Title  Lamorena V Director	rage.	iye	1	extens	hone (Area cod sion) 472-4201	e, number and		
Signature of Authori	ized Certifying Official	29	717)	<i></i>	Date F 02/01/	Report Submitte 2009	ed		



(Short Form)

U.S Dept. o	ich Report is Su	ubmitted	2. Grant or Aw 2008	rard Number A		JP	No. 112	3 Appro 1-0264 res: 01/	ļ.	Page 1	of 1 pages
3. Recipient Orga Guam Bureau P. O. Box 296 Hagatna, GU	of Statistics ar		dress, including ZIF	code)							
4. Vendor Numbe	r 5.	Recipient internal	code or Identifying	Number (if an	y)	6. Final Report			7. Basis		
980017947		5101H090920	SE107		Yes X No Cash						Accrual
8. Funding/Grant F From: (Month, 10/01/2	Day, Year)		nth, Day, Year) 09/30/2011							•	
10. Transactions:					Previous	I by Reported		II Period		III Cumulati	V <b>e</b>
a. Total outlays						\$0.00			\$135.00		\$135.00
b. Recipient Share of outlays						\$0.00			\$0.00		\$0.00
c. Federal share of outlays						\$0.00			\$135.00	\$135.00	
d. Total unliquidated obligations											\$0.00
e. Recipient sha	are of unliquidat	ted obligations									\$0.00
f. Federal share	of unliquidated	obligations									\$0.00
g. Total Federal		Lines c and f) ed for this funding									\$135.00
			·								36,298.00
		ral funds (Line h m									36,163.00
11. Indirect Expense	/ <b>,</b> pc		rovisional	Pre	determine	d Fi	inal	ļ	Fixe	d	
	b. Rate	0.00%	c. Base	\$0.00		d. Total Amount	\$0.00		e. Fed	eral Share \$0.00	0
12. Remarks: atta	ich any explana	itions deemed nec	essary or informati	on required by	Federal spo	nsoring agency in	compliance v	vith gov	eming legi	slation.	
					PROGRAM	INCOME:					
A. Block/Formula p	assthrough	\$0.0	0		C. Forfeit	\$	50.00 E	). Othe	r	\$0.0	ю
B. Federal Funds S	Subgranted	\$0.0	0		E. Expende	d s	50.00 F	. Unex	pended	\$0.0	0
13. Certification I			ge and belief that the award documents		rrect and com	plete and that all	outlays and u	nliquida	ted obliga	tions	
Typed or Printed Na		Director		<b>*</b>	o , 1		exten	sion)		number and	
Mr. Alberto A Lamorena V Director  Signature of Authorized Certifying Official					9			Submitted			

# FINANCIAL STATUS REPORT (Short Form)

COPY

							<del></del>			
Federal Agence     Element to wh	cy and Organich Report	janizational t is Submitte	be	2. Grant or Award Number A	Assigned by C	NP.	OMB A No.	Approval	Pag <b>e</b>	of
U.S Dept. o	of Justice	•	]	2008-GP-CX-004	47		1121-	-0264	1	1
Office of Ju	ustice Pro	ograms (	OJP)				Expire	s: 01/3/2006		pages
Recipient Orga     Guam Bureat     Post Office B     Hagatna, GU	u of Statisti 3ox 2950	tics and Plan		ess, including ZIP code)						
4. Vendor Numbe	ər	5. Recipir	ent internal co	ode or Identifying Number (if any	ıy)	6. Final Report		7. Basis		
980017947		<u> </u>				Υ	es x No		Cash X	Accrual
8. Funding/Grant	•					d Covered by this I				
From: (Month,		) [		h, Day, Year)				To: (Month, Da	•	
09/01/2	2008		U	08/31/2011	<u> </u>	10/01/2008		12/3	1/2008	
10. Transactions:					Previous	l sly Reported	II This Pe	priod	III Cumula	itive
a. Total outlays	3					\$0.00		\$0.00		\$0.00
b. Recipient Sh	nare of outle	ays				\$0.00		\$0.00	\$0.00	
c. Federal shar	e of outlay:	3				\$0.00		\$0.00		\$0.00
d. Total unliquid	dated oblig	ations								\$0.00
e. Recipient sh	are of unlic	quidated obl	ligations							\$0.00
f. Federal share	e of unliquir	dated obliga	ations							\$0.00
g. Total Federa	·									\$0.00
h. Total Federa	J funds auti	horized for t	this funding pr	eriod						\$53,679.00
i. Unobligated b	palance of F	Federal fun	ds (Line h min	tus Line g)						\$53,679.00
11. Indirect Expense	a. Type	of Rate (pla	ace "x" in appro							
EAPOING			Pro	<u> </u>	edetermine		inal	Fixed		
	b. Rate		0.00%	c. Base \$0.00		d. Total Amount	\$0.00	e. Fede	leral Share \$0.0	00
12. Remarks: atta	ach any ex	planations	deemed necer	ssary or information required by	y Federal spo	nsoring agency in	compliance with	h governing legi	islation.	
					PROGRAM	INCOME:				
A. Block/Formula     B. Federal Funds		-	\$0.00 \$0.00	1	C. Forfeit E. Expende			Other Unexpended	•	).00 ).00
				e and belief that this report is con award documents.	irrect and com	plete and that all	outlays and unli	quidated obligat	tions	
Typed or Printed N	lame and T	l'itle	,		-aai	hai	•	one (Area code,	, number and	
Mr. Alberto A Lamorena V Director					11 14	709	extensio (671) 47	on) 72-4201		
Signature of Adthorized Certifying Official					7		Date Re 02/01/20	eport Submitted		

DOJ Standard Form 269a (REV 2002)

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OM8 control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. You can write to the Office of Justice Programs. US Department of Justice, 810 Seventh Street, NW, Washington, DC 20531.

(Short Form)

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- 1	i i	\ <i>j</i>	1	
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Federal Agency and Organizational Element to which Report is Submitted      U.S Dept. of Justice      2. Grant or Award Number Agency Age				)JP	OMB Approval No. 1121-0264			Page 1	of 1	
Office of Justice P		1				1	oires: 01/3/		'	pages
Recipient Organization (Name and complete address, including ZIP code)     Guam Bureau of Statistics and Plans     P.O. Box 2950     Hagatna, GU 96932-2950										
4. Vendor Number	5. Recipient internal	code or Identif	ifying Number (if ar	ny)	6. Final Report		7	7. Basis		
980017947	5101H080920	DEI108		-	Υ,	es x No	•	·C	Cash x	Accrual
8. Funding/Grant Period (S		" Day Vas		II.	d Covered by this f	•	/0			
From: (Month, Day, Yea 10/01/2007	10. (NIC	onth, Day, Year 09/30/2011	•	Fiona	n: (Month, Day, Yea 10/01/2008	•	10: (m	Month, Day, 12/31/2	•	
10/01/2000		03/03/22	1		100	<del></del>	<u></u>		1000	
10. Transactions:				Previous	l sly Reported		II Period		III Cumulativ	/e
a. Total outlays					\$0.00			\$0.00		\$0.00
b. Recipient Share of ou	ıtlays				\$0.00		\$0.00			\$0.00
c. Federal share of outla	ays				\$0.00		\$0.00			\$0.00
d. Total unliquidated obl	ligations									\$0.00
e. Recipient share of un	liquidated obligations									\$0.00
f. Federal share of unlique	uidated obligations			<u> </u>						\$0.00
g. Total Federal share (S										\$0.00
h. Total Federal funds a					4					373,273.00
i. Unobligated balance o				<u> </u>					\$3	373,273.00
11. Indirect a. Type Expense	oe of Rate (place "x" in ap	pproppriate box Provisional	-	redetermine	d F	inal	<u> </u>	Fixed		
b. Rate	-	c. Bas			d. Total Amount			e. Federa	al Share	
	0.00%		\$0.00	)	L	\$0.00		L	\$0.00	
12. Remarks: attach any e	explanations deemed ne	cessary or info	rmation required b	by Federal spo		compliance w	vith govern	ming legisla	ition.	
			!							
A. Block/Formula passthrough \$0.00  B. Federal Funds Subgranted \$0.00			C. Forfeit E. Expende			D. Other F. Unexpe		\$0.00 \$0.00		
13. Certification I certify to are for the	o the best of my knowled e purposes set forth in th			orrect and con	nplete and that all	outlays and u	nliquidate	ad obligation	ns	
Typed or Printed Name and Mr. Alberto A Lamorer			recei	4 09		exten	phone (Are nsion) ) 472-4201	rea code, nu 01	umber and	
Signature of Authorized Cer	fifying official		7				Report Su 1/2009	ubmitted		

DOJ Standard Form 269a (REV 2002)

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. You can write to the Office of Justice Programs. US Department of Justice, 810 Seventh Street, NW, Washington, DC 20531.

(Short Form)

	gency and Organizational Eleme	nt		Other Identifying Numbe	r Assigned	0	MB Approval	Page of
to which i	Report is Submitted		By Federal Agenc	у		11:	No. 2 <b>1-0264</b>	1/1
U.S. De	partment of Commerce		07-79	9-05853				
Econom	nic Development Administration	n	2000					pages
3. Recipient	Organization (Name and comple	te addres		leg. Distribution Center Stu a)	udy Grant	1		
			<b>3</b>	,				
	REAU OF STATISTICS AND PL . BOX 2950	.ANS			SEMI-ANN	NUAL REPORT	•	
	GATNA, GUAM 96932							
<u></u>	L. L. L. L. C. L.	la Bui		late and the same	lo 5:-15	\	7. Basis	
4. Employer	Identification Number 98-0017947	o. Hecit	5101H070920EI104	or Identifying Number	6. Final F	•	[] Cash [	X ] Accrual
		<u> </u>						
	Grant Period (See Instructions) onth, Day, Year)	To: (Mc	onth, Day, Year)	Period Covered b     From: (Month, Day		rt  To: (Month, D	av Vaar)	
110111. (141	09/01/06	10. (1110	03/31/09	03/01/08	y, 10ai <i>j</i>		80/2008	
					1	<u> </u>		
10. Transac	tions:			Previously		II This	III Cumul	
				Reported	F	Period		
a. Total o	outlays			0		0		a
b. Recipi	ent share of outlays							
c Feder	al share of outlays			0		0		0
	-	•		0		0		0
d. Total ı	unliquidated obligations							0
e. Recipi	ent share of unliquidated obligat	ons						
f. Federa	al share of unliquidated obligation	ns		1				0
							<u> </u>	0
g. Total F	Federal share (Sum of lines c and f)							0
h. Total f	ederal funds authorized for this	funding p	eriod	]				200,000
i. Unobli	gated balance of Federal funds	(Line	h minus line g)					200,000
	a. Type of Rate (Place ")	(* in annr	opriate box)					200,000
11. Indirect	1 .		etermined	[ ] Final		[X] Fixed		
Expense	b. Rate	c. Base	3	d. Total Amount		e. Federal Sh	are	
	b. ridio	U. Dase	•	d. Total Amount		e, redelai on	ar <del>o</del>	
12 Remarks:	Attach any explanations deem	ed neces	sany or information to	equired by Federal and	neorina sas	nov in complian	ce with governing	
legislation	<u>.</u> '	ou moces	sary or information re	quired by Federal spor	isoning agei	псу ін сотірнан	ce will governing	
ļ								
13. Certificat	ion: I certify to the best of my unliquidated obligation:					te and that all	outlays and	
Typed or Pri	nted Name and Title	· · · · · · · · · · · · · · · · · · ·			Telephone	(Area code, nu	mber and extension	1
ALB	ERTO A. LAMORENA V, DIRE	CTOR				•	·	
Bure	eau of Statistics and Plans		/				71- 472 -4201	
Signature of	Authorized Certifying Official				Date Repo	ort Submitted R 03 20	na	
	(SAC)				FE	R N2 M	U- <b>3</b>	
			<u> </u>					



		OMB APPROVAL NO. 0348-0003				
FEDERAL CASH	TRANSACTIONS REPORT					
,	If report is for more than one grant or completed Standard Form 272A.)					
2. RECIPIENT ORGANIZATION	ON	Federal grant or other identification	5. Recipient's account number or			
Name: BUREAU OF	STATISTICS AND PLANS	07-79-05853	identifying number 5101H070920EI104			
Number P.O. BOX 29	50	6. Letter of credit number	7. Last payment voucher number			
and Sireot.		Give total nu	mber for this period			
City, State HAGATNA and ZIP Code:	, GUAM 96932	Payment Vouchers credited to your account	Treasury checks received (whether or not deposited)			
		10. PERIOD COVERED BY THIS REPORT				
3. FEDERAL EMPLOYER IDENTIFICATION NO.	<b>→</b> 98-0018947	FROM (month, day, year) 03/01/2008	T0 (month, day, year) 06/30/2008			
	a. Cash on hand beginning of reporting	g period	\$	0.00		
	b. Letter of credit withdrawls			0.00		
11. STATUS OF	c. Treasury check payments			0.00		
FEDERAL	d. Total receipts (Sum of lines b and c)			0.00		
CASH	e. Total cash available (Sum of lines a a	nd d)		0.00		
(Con appoint	f. Gross disbursements		0.00			
(See specific instructions on the back)	g. Federal share of program income		0.00			
on the backy	h. Net disbursements (Line f minus line g		0.00			
	i. Adjustments of prior periods			0.00		
	j. Cash on hand end of period		\$	0.00		
12. THE AMOUNT SHOWN ON LINE 11j, ABOVE,	13. OTHER INFORMATION					
REPRESENTS CASH RE-	a. Interest income		\$	0.00		
QUIREMENTS FOR THE ENSUING  Days	b. Advances to subgrantees or subconti	\$	0.00			

15.		CERIFICATION	
I certify to the best of my knowledge and belief that this report is true in all respects and	AUTHORIZED	SIGNATURE	DATE REPORT SUBMITTED 02/02/2009
that all disbursements have been made for the purpose and conditions of the grant or agreement.	CERTIFYING OFFICIAL	TYPED OR PRINTED NAME AND TITLE ALBERTO A. LAMORENA V, Director Bureau of Statistics and Plans	TELEPHONE (Area Code, Number, Extension)

<sup>14.</sup> REMARKS (Attach additional sheets of plain paper, if more space is required)

(Short Form)

	I. Federal Agency and Organizational Element 2. Federal Grant or to Which Report is Submitted By Federal Agen			Other Identifying Numbe	r Assigned		OMB Approval No. 1121-0264	
U.S. Department of Commerce 07-79			9-05853		1	1-0204	1/1	
	nic Development Administration	n						pages
3 Recipient	Organization (Name and comple	te addres		Reg. Distribution Center Stue)	udy Grant			
BUI P.O	REAU OF STATISTICS AND PL . BOX 2950 GATNA, GUAM 96932		, 3		SEMI-ANI	NUAL REPORT		
4. Employer	Identification Number 98-0017947	5. Recip	oient Account Number 5101H070920El104	or Identifying Number	6. Final F	Report [X]NO	7. Basis []Cash [	X ] Accrual
	irant Period (See Instructions) onth, Day, Year) 09/01/06	To: (Mo	onth, Day, Year) 03/31/09	9. Period Covered b From: (Month, Day 07/01/08		rt To: (Month, D 12/3	•	
10. Transac	tions:			l Previously Reported	I .	II This Period	III Cumul	
a. Total o	outlays			0		0		0
b. Recipi	ent share of outlays			0		0		0
c. Federa	al share of outlays			0		0		0
d. Total ı	inliquidated obligations							0
e. Recipi	ent share of unliquidated obligat	ions						0
f. Federa	al share of unliquidated obligatio	ns						0
g. Total f	Federal share (Sum of lines c and f)							0
h. Total F	ederal funds authorized for this	funding p	eriod					200,000
i. Unobli	gated balance of Federal funds	(Line	h minus line g)					200,000
11. Indirect Expense	a. Type of Rate (Place *) [ ] Provisional		opriate box) stermined	[] Final		[X] Fixed		
·	b. Rate	c. Base	•	d. Total Amount		e. Federal Sh.	are	
12. Remarks: legislation	Attach any explanations deem n.	ed neces	sary or information re	equired by Federal spor	nsoring age	ncy in compliand	ce with governing	
13. Certificat	ion: I certify to the best of my unliquidated obligation					ete and that all	outlays and	
ALB	nted Name and Title ERTO A. LAMORENA V, DIRE eau of Statistics and Plans	CTOR			Telephone		mber and extension) 71- 472 -4201	
Signature of	Authorized Certifying Official				Date Repo	ort Submitted	Ω	
	CILYC		~		FEF	3 0 3 200	J	



		OMB APPROVA	L NO. 0348-0003			
FEDERAL CASH	TRANSACTIONS REPORT					
(See instructions on the back. If assistance agreement, attach co	report is for more than one grant or ompleted Standard Form 272A.)					
2. RECIPIENT ORGANIZATION	1	4. Federal grant or other identification	5. Recipient's account number or			
Name: BUREAU OF S	STATISTICS AND PLANS	number 07-79-05853	identifying number 5101H070920EI104			
Number p.O. BOX 2950 and Street:	)	6. Letter of credit number	7. Last payment voucher number			
		Give total number for this period				
City, State HAGATNA, GUAM 96932 and ZIP Code:		Payment Vouchers credited to your account	Treasury checks received (whether or not deposited)			
		10. PERIOD COVERED BY THIS REPORT				
3. FEDERAL EMPLOYER IDENTIFICATION NO.	<b>▶</b> 98-0018947	FROM (month, day, year) 7/01/2008	TO (month, day, year) 12/31/2008			
	a. Cash on hand beginning of reporting	g period	\$ 0.00			
	b. Letter of credit withdrawls		0.00			
11. STATUS OF	c. Treasury check payments	·	0.00			
FEDERAL	d. Total receipts (Sum of lines b and c)		0.00			
CASH	e. Total cash available (Sum of lines a al	nd d)	0.00			
(Can appoint	f. Gross disbursements	0.00				
(See specific instructions on the back)	g. Federal share of program income	0.00				
On the backy	h. Net disbursements (Line f minus line g	0.00				
	I. Adjustments of prior periods	0.00				
	j. Cash on hand end of period		\$ 0.00			
12. THE AMOUNT SHOWN ON LINE 11, ABOVE,	13. OTHER INFORMATION		The state of the s			
REPRESENTS CASH RE- QUIREMENTS FOR THE	a. Interest income		\$ 0.00			
ENSUING  Days	b. Advances to subgrantees or subcontr	\$ 0.00				

15.		CERIFICATION	
I certify to the best of my		SIGNATURE	DATE REPORT SUBMITTED
knowledge and belief that this report is true in all respects and	AUTHORIZED	CACL	02/02/2009
that all disbursements have	CERTIFYING	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (Area Code,
been made for the purpose and conditions of the grant or agreement.	OFFICIAL	ALBERTO A. LAMORENA V, Director Bureau of Statistics and Plans	Number, Extension)

<sup>14.</sup> REMARKS (Attach additional sheets of plain paper, if more space is required)

(Short Form)

, ,	incy and Organizational Eleme iport is Submitted	ent	2. Federal Grant or By Federal Agend		Identifying Number Assigned		OMB Approval No.	
	,					11:	21-0264	1/1
1	rtment of Commerce Development Administration	on	07-6	9-06320				pages
				Reg. Comprehensive Econ.	Dev. Strategy	,		
3. Recipient O	rganization (Name and comple	ete addres	ss, including ZIP cod	(e)				
i -	EAU OF STATISTICS AND PL BOX 2950	ANS			QUARTER	LY REPORT		
1	ATNA, GUAM 96932							
4. Employer ld	entification Number	5. Recip	pient Account Number	or Identifying Number	6. Final R	eport	7. Basis	
1	98-0017947				[ ] YES	[ X ] NO	[]Cash [X	( ] Accrual
	ant Period (See Instructions)	l		9. Period Covered b		•		
From: (Mon	nth, Day, Year) 10/01/08	To: (Mo	onth, Day, Year) <b>12/31/09</b>	From: (Month, Day 10/01/08	y, Year)	To: (Month, D <b>12/3</b>	ay, Year) 3 <b>1/08</b>	
10. Transaction	ons:			1		    	111	
				Previously Reported	f	This eriod	Cumula	10/6
a. Total ou	tlays			0		0		o
b. Recipier	nt share of outlays			0		0		0
c. Federal	share of outlays			0		0		0
d. Total un	liquidated obligations							0
e. Recipier	nt share of unliquidated obligat	ions		1				·
f. Federal	share of unliquidated obligatio	ns		-				0
g. Total Fe	deral share(Sum of lines c and f)			-				0
h. Total Fe	deral funds authorized for this	funding p	period	_				000.000
i. Unobliga	ated balance of Federal funds	(Line	e h minus line g)			:		200,000
	• •		opriate box)					200,000
11. Indirect Expense	[ ] Provisional	[]Prede	etermined	[] Final		[X] Fixed		
	b. Rate	c. Base	9	d. Total Amount		e. Federal Sh	are	
12. Remarks:	Attach any explanations deem	ed neces	sary or information re	equired by Federal spor	nsoring agen	ncy in complian	ce with governing	
legislation.	• •		•	, , ,	• •			
40 Contitional			den and halfafahat	Min				
13. Certificatio	n: I certify to the best of my unliquidated obligation		-	•	-	e and that all	outlays and	
.,	ed Name and Title				Telephone	(Area code, nu	mber and extension)	
	RTO A. LAMORENA V, DIRE u of Statistics and Plans	CTOR				1- 6	71- 472 -4201	
Signature of A	uthorized Certifying Official	\ /			Date Repo	rt Submitted		
	WXC	_			F	EB 03 2	009	



		OMP APPROVA	I NO 0348-0003		
FEDERAL CASH	TRANSACTIONS REPORT	OMB APPROVAL NO. 0348-0003      Federal sponsoring agency and organizational element to which this report is submitted  U.S. Department of Commerce Economic Development Authority (EDA)			
(See instructions on the back. If assistance agreement, attach co	report is for more than one grant or ompleted Standard Form 272A.)				
2. RECIPIENT ORGANIZATION	1	4. Federal grant or other identification	5. Recipient's account number or		
Name: BUREAU OF S	TATISTICS AND PLANS	number 07-69-06320	identifying number		
Number P.O. BOX 2950 and Street:	)	6. Letter of credit number	7. Last payment voucher number		
		Give total numbe	er for this period		
City, State HAGATNA, (and ZIP Code:	GUAM 96932	Payment Vouchers credited to your account	Treasury checks received (whether or not deposited)		
		10. PERIOD COVERED BY THIS REPORT			
3. FEDERAL EMPLOYER IDENTIFICATION NO.	98-0018947	FROM (month, day, year) 10/01/2008	TO (month, day, year) 12/31/2008		
	a. Cash on hand beginning of reporting	g period	\$	0.00	
	b. Letter of credit withdrawls			0.00	
11. STATUS OF	c. Treasury check payments			0.00	
FEDERAL	d. Total receipts (Sum of lines b and c)			0.00	
CASH	e. Total cash available (Sum of lines a a	nd d)		0.00	
40	f. Gross disbursements		0.00		
(See specific instructions on the back)	g. Federal share of program income		0.00		
on the backy	h. Net disbursements (Line f minus line g		0.00		
	i. Adjustments of prior periods			0.00	
	j. Cash on hand end of period		\$	0.00	
12. THE AMOUNT SHOWN ON LINE 11, ABOVE,	13. OTHER INFORMATION		T		
REPRESENTS CASH RE- QUIREMENTS FOR THE	a. Interest income		\$	0.00	
ENSUING  Days	b. Advances to subgrantees or subconti	\$	0.00		

14. REMARKS (Attach additional sheets of plain paper, if more space is required)

15.		CERIFICATION	
I certify to the best of my knowledge and belief that this report is true in all respects and	AUTHORIZED	SIGNAPURE	DATE REPORT SUBMITTED 02/02/2009
that all disbursements have	CERTIFYING	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (Area Code,
been made for the purpose and conditions of the grant or agreement.	OFFICIAL	ALBERTO A. LAMORENA V, Director Bureau of Statistics and Plans	Number, Extension)