# **BUREAU OF STATISTICS AND PLANS**

Felix P. Camacho

Governor of Guam Michael W. Cruz, M.D.

Lieutenant Governor

Government of Guam

P.O. Box 2950 Hagåtña, Guam 96932 Tel: (671) 472-4201/3 Fax: (671) 477-1812



APR 2 9 2009

Judith T. Wor Pac 50. D

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

Submission of FY 2009 2<sup>nd</sup> Quarter Funding/Expenditure Report RE:

Dear Speaker Won Pat:

Pursuant to Chapter VII, Section 2 - Reporting Requirements, of Public Law 29-19, we are hereby submitting our FY 2009 2nd Quarter Funding/Expenditure Report.

Date

Time

Attached, please find the following reports:

- FY 2009 Budget and Expenditure Report as of 03/31/09 (General Fund) 1.
- 2. Staffing Patterns as of December 31, 2008 (Local and Federal Funded)
- Financial Status Reports for federal grants the Bureau administers, and which the 3. corresponding grantor requires the submittal of either a quarterly or semi-annual reporting.

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: Director, Bureau of Budget and Management Research

Public Auditor, Office of the Public Auditor

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# BUREAU OF STATISTICS AND PLANS FY 2009 BUDGET AND EXPENDITURE REPORT

As of: March 31, 2009

,								Total proj.	ľ	
Account Number	Object <u>Class</u>	Object <u>Code</u>	<u>Appropriation</u>	Y-T-D Allotment	Y-T-D <u>Exp./Enc.</u>	Funds <u>Available:</u>	*-Per payperiod Expenditure	Req. for rem. of FY 2009	**-Anticipated Lapses/Shortfall	Unalloted <u>Balance:</u>
PERSONNEL SERVICES	<u>Class</u>	<u>code</u>	Appropriation	Allounem	LAD./LITC.	Available.	Expenditure	01112005	Lapses/Shortiali	Dalance.
<u>Administration</u> 5100A090900GA001-111	Salaries	111	\$231,966.00	\$129,794.00	\$102,296.64	\$27,497.36	\$9,969.44	\$202,379.63	(\$72,710.27)	\$102,172.00
5100A090900GA001-111	Benefits	113	\$61,272.00	\$39,664.00	\$29,420.98	\$10,243.02	\$2,853.22	\$57,920.37	(\$26,069.35)	\$21,608.00
Planning Information Prog			<b>401,272.00</b>	φοσ,σοσσ	<b>4_0</b> , /_0.00	<b>4.0,2.0.0</b>	<b>4,</b>	<b>40.</b> ,0 <b></b> 0.	(+,,	ΨΞ.,σσσ.σσ
5100A090910SE004-111	Salaries	111	\$191,156.00	\$98,708.00	\$81,421.62	\$17,286.38	\$6,965.60	\$141,401.68	(\$31,667.30)	\$92,448.00
5100A090910SE004-113	Benefits	113	\$59,313.00	\$30,313.00	\$24,749.56	\$5,563.44	\$2,145.19	\$43,547.36	(\$8,983.92)	\$29,000.00
Socio-Economic Planning				, ,	, ,	. ,	, ,	, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5100A090920SE005-111	Salaries	111	\$102,314.00	\$55,658.00	\$46,765.76	\$8,892.24	\$3,963.20	\$80,452.96	(\$24,904.72)	\$46,656.00
5100A090920SE005-113	Benefits	113	\$29,329.00	\$15,344.00	\$12,256.76	\$3,087.24	\$1,038.71	\$21,085.81	(\$4,013.57)	\$13,985.00
Chief Economist's Office										
5100A090904GA001-111	Salaries	111	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5100A090904GA001-113	Benefits	113	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Business & Economic Sta	tistics Progra	<u>m</u>								
5100A090932EI001-111	Salaries	111	\$251,766.00	\$136,828.00	\$121,379.20	\$15,448.80	\$10,376.80	\$210,649.04	(\$80,262.24)	\$114,938.00
5100A090932EI001-113	Benefits	113	\$80,440.00	\$46,109.00	\$38,382.11	\$7,726.89	\$3,247.96	\$65,933.59	(\$23,875.70)	\$34,331.00
		Sub-total:	\$1,007,556.00	\$552,418.00	\$456,672.63	\$95,745.37	\$40,560.12	\$823,370.44	(\$272,487.07)	\$455,138.00
OPERATIONS										
<u>Administration</u>									_	
5100A090900GA001-220	Travel	220	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5100A090900GA001-230	Contractual	230	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5100A090900GA001-233	Rent	233	\$16,700.00	\$16,700.00	\$15,030.00	\$1,670.00	\$1,670.00	\$5,010.00	(\$3,340.00)	\$0.00
5100A090900GA001-240 5100A090900GA001-250	Supplies Equipment	240 250	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
5100A090900GA001-250	Drug-Test	250 271	\$0.00 \$0.00	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	\$0.00
5100A090900GA001-361	Power	361	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5100A090900GA001-363	Telephone	363	\$6,792.00	\$6,792.00	\$6,030.05	\$761.95	\$595.00	\$3,570.00	(\$2,808.05)	\$0.00
		Sub-total:	\$23,492.00	\$23,492.00	\$21,060.05	\$2,431.95	\$2,265.00	\$8,580.00	(\$6,148.05)	\$0.00
Chief Economist's Office									_	
5100A090904GA001-230	Contractual	230	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5100A090904GA001-240	Supplies	240	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5100A090904GA001-363	Telephone	363	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		TOTAL:	\$1,031,048.00	\$575,910.00	\$477,732.68	\$98,177.32	\$42,825.12	\$831,950.44	(\$278,635.12)	\$455,138.00

#### **FISCAL YEAR 2009** DEPARTMENTAL SUMMARY As of: March 31, 2009

Department: BUREAU OF STATISTICS AND PLANS

Division: SUMMARY

Account No.:

A	В	С	D	E	F	G	Н	1	J	K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2009 Allotments (B - C)	Year to Date Exp./Encumb. As of:	Pay Period LABOR	Pay Period LABOR	Avg PP Requirement (F+G)/2	Personnel Projected PP remaining x column H	Requirements	(C + D - E - I -J)) Projected Lapse/ Shortfall
111 Salary	777,202.00	356,214.00	420,988.00	351,863.22	31,275.04	31,275.04	31,275.04	634,883.31	0.00	(209,544.53)
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113 Benefits	230,354.00	98,924.00	131,430.00	104,809.41	9,285.08	9,285.08	9,285.08	188,487.12	0.00	(62,942.53)
TOTAL PerSvs	1,007,556.00	455,138.00	552,418.00	456,672.63	40,560.12	40,560.12	40,560.12	823,370.44	0.00	(272,487.07)
220 Travel	0.00	0.00	0.00	0.00					0.00	0.00
230 Contract	0.00	0.00	0.00	0.00					0.00	0.00
233 Rent	16,700.00	0.00	16,700.00	15,030.00					5,010.00	(3,340.00)
240 Supplies	0.00	0.00	0.00	0.00					0.00	0.00
250 Equip.	0.00	0.00	0.00	0.00					0.00	0.00
280 Sub.Rec.	0.00	0.00	0.00	0.00					0.00	0.00
271 Drug-test.	0.00	0.00	0.00	0.00					0.00	0.00
361 Power	0.00	0.00	0.00	0.00			0.000		0.00	0.00
362 Water	0.00	0.00	0.00	0.00					0.00	0.00
363 Tele.	6,792.00	0.00	6,792.00	6,030.05					3,570.00	(2,808.05)
450 Cap. Out.	0.00	0.00	0.00	0.00				602	0.00	0.00
TOTAL Opers	23,492.00	0.00	23,492.00	21,060.05				i i	8,580.00	(6,148.05)
TOTALS	1,031,048.00	455,138.00	575,910.00	477,732.68	40,560.12	40,560.12	40,560.12	823,370.44	8,580.00	(278,635.12)

#### **BUDGET NOTES:**

2009 BBMR Proj.03.31.09 4/29/2009 1:09 PM

Department: BUREAU OF STATISTICS AND PLNAS Division: PLANNING INFORMATION PROGRAM

Account No.: 5100A090910SE004

A	В	С	D	E	F	G	Н	ı	J	K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2009 Allotments (B - C)	Year to Date Exp/Encumb. As of:	Pay Period LABOR	Pay Period LABOR	Avg PP Requirement (F+G)/2	Personnel Projected PP remaining x column H	Requirements	(C + D - E - I - J)) Projected Lapse/ Shortfall
111 Salary	191,156.00	92,448.00	98,708.00	81,421.62	6,965.60	6,965.60	6,965.60	141,401.68	0.00	(31,667.30)
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113 Benefits	59,313.00	29,000.00	30,313.00	24,749.56	2,145.19	2,145.19	2,145.19	43,547.36	0.00	(8.983.92)
TOTAL PerSvs	250,469.00	121,448.00	129,021.00	106,171.18	9,110.79	9,110.79	9,110.79	184,949.04	0.00	(40,651.22)
220 Travel	0.00	0.00	0.00	0.00			and the same		0.00	0.00
230 Contract	0.00	0.00	0.00	0.00					0.00	0.00
233 Rent	0.00	0.00	0.00	0.00			Section 1		0.00	0.00
240 Supplies	0.00	0.00	0.00	0.00	the fact of all	STATE OF THE STATE			0.00	0.00
250 Equip.	0.00	0.00	0.00	0.00	1			0.00	0.00	0.00
280 Sub.Rec.	0.00	0.00	0.00	0.00					0.00	0.00
271 Drug-test.	0.00	0.00	0.00	0.00		a di di	100		0.00	0.00
361 Power	0.00	0.00	0.00	0.00					0.00	0.00
362 Water	0.00	0.00	0.00	0.00	Access to the same				0.00	0.00
363 Tele.	0.00	0.00	0.00	0.00	100				0.00	0.00
450 Cap. Out.	0.00	0.00	0.00	0.00		ATTENDED IN CASE	Market Market		0.00	0.00
TOTAL Opers	0.00	0.00	0.00	0.00			South Control of the		0.00	0.00
TOTALS	250,469.00	121,448.00	129,021.00	106,171.18	9,110.79	9,110.79	9,110,79	184,949.04	0.00	(40,651,22)

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Department: BUREAU OF STATISTICS AND PLANS
Division: SOCIO-ECONOMIC PLANNING PROGRAM

Account No.: 5100A090920SE005

A	В	С	D	E	F	G	Н	T	J	K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2009 Allotments (B - C)	Year to Date Exp./Encumb. As of:	Pay Period LABOR	Pay Period LABOR	Avg PP Requirement (F+G)/2	Personnel Projected PP remaining x column H	Requirements	(C + D - E - I -J)) Projected Lapse/ Shortfall
111 Salary	102,314.00	46,656.00	55,658.00	46,765.76	3,963.20	3,963.20	3,963.20	80,452.96	0.00	(24,904.72)
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113 Benefits	29,329.00	13,985.00	15,344.00	12,256.76	1,038.71	1,038.71	1,038.71	21,085.81	0.00	(4.013.57)
TOTAL PerSvs	131,643.00	60,641.00	71,002.00	59,022.52	5,001.91	5,001.91	5,001.91	101,538.77	0.00	(28,918.29)
220 Travel	0.00	0.00	0.00	0.00					0.00	0.00
230 Contract	0.00	0.00	0.00	0.00					0.00	0.00
233 Rent	0.00	0.00	0.00	0.00					0.00	0.00
240 Supplies	0.00	0.00	0.00	0.00					0.00	0.00
250 Equip.	0.00	0.00	0.00	0.00					0.00	0.00
280 Sub.Rec.	0.00	0.00	0.00	0.00					0.00	0.00
271 Drug-test.	0.00	0.00	0.00	0.00					0.00	0.00
361 Power	0.00	0.00	0.00	0.00					0.00	0.00
362 Water	0.00	0.00	0.00	0.00					0.00	0.00
363 Tele.	0.00	0.00	0.00	0.00					0.00	0.00
450 Cap. Out.	0.00	0.00	0.00	0.00					0.00	0.00
TOTAL Opers	0.00	0.00	0.00	0.00					0.00	0.00
TOTALS	131,643.00	60,641.00	71,002.00	59,022.52	5,001.91	5,001.91	5,001.91	101,538.77	0.00	(28,918.29)

2009 BBMR Proj.03.31.09 4/29/2009 1:00 PM

Department: BUREAU OF STATISTICS AND PLANS

Division: BUSINESS AND ECONOMIC STATISTICS PROGRAM

Account No.: 5100A090932EI001

A	В	С	D	E	F	G	н		J	K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2009 Allotments (B - C)	Year to Date Exp./Encumb. As of:	Pay Period LABOR	Pay Period LABOR	Avg PP Requirement (F+G)/2	Personnel Projected PP remaining x column H	Requirements	(C+D-E-I-J)) Projected Lapse/ Shortfall
111 Salary	251,766.00	114,938.00	136,828.00	121,379.20	10,376.80	10,376.80	10,376.80	210,649.04	0.00	(80,262.24)
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113 Benefits	80,440.00	34,331.00	46,109.00	38,382.11	3,247.96	3,247.96	3,247.96	65,933.59	0.00	(23.875.70)
TOTAL PerSvs	332,206.00	149,269.00	182,937.00	159,761.31	13,624.76	13,624.76	13,624.76	276,582.63	0.00	(104,137.94)
220 Travel	0.00	0.00	0.00	0.00					0.00	0.00
230 Contract	0.00	0.00	0.00	0.00					0.00	0.00
233 Rent	0.00	0.00	0.00	0.00					0.00	0.00
240 Supplies	0.00	0.00	0.00	0.00					0.00	0.00
250 Equip.	0.00	0.00	0.00	0.00					0.00	0.00
280 Sub.Rec.	0.00	0.00	0.00	0.00					0.00	0.00
271 Drug-test.	0.00	0.00	0.00	0.00					0.00	0.00
361 Power	0.00	0.00	0.00	0.00					0.00	0.00
362 Water	0.00	0.00	0.00	0.00					0.00	0.00
363 Tele.	0.00	0.00	0.00	0.00					0.00	0.00
450 Cap. Out.	0.00	0.00	0.00	0.00					0.00	0.00
TOTAL Opers	0.00	0.00	0.00	0.00					0.00	0.00
TOTALS	332,206.00	149,269.00	182,937.00	159,761.31	13,624.76	13,624.76	13,624.76	276,582.63	0.00	(104,137.94)

2009 BBMR Proj.03.31.09 4/29/2009 1:05 PM

Department: BUREAU OF STATISTICS AND PLANS

Division: ADMINISTRATION
Account No.: 5100A090900GA001

A	В	С	D	E	F	G	н	1	J	Т к
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2009 Allotments (B - C)	Year to Date Exp./Encumb. As of:	Pay Period LABOR	Pay Period LABOR	Avg PP Requirement (F+G)/2	Personnel Projected PP remaining x column H	Requirements	(C + D - E - I -J)) Projected Lapse/ Shortfall
111 Salary	231,966.00	102,172.00	129,794.00	102,296.64	9,969.44	9,969.44	9,969.44	202,379.63	0.00	(72,710.27)
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113 Benefits	61,272.00	21,608.00	39,664.00	29,420.98	2,853.22	2,853.22	2,853.22	57,920.37	0.00	(26,069,35)
TOTAL PerSvs	293,238.00	123,780.00	169,458.00	131,717.62	12,822.66	12,822.66	12,822.66	260,300.00	0.00	(98,779.62)
220 Travel	0.00	0.00	0.00	0.00			177 A. C. C. C.		0.00	0.00
230 Contract	0.00	0.00	0.00	0.00	7.5	Part of the second			0.00	0.00
233 Rent	16,700.00	0.00	16,700.00	15,030.00				100	5,010.00	(3,340.00)
240 Supplies	0.00	0.00	0.00	0.00		A.E. Tarak			0.00	0.00
250 Equip.	0.00	0.00	0.00	0.00	1.7778				0.00	0.00
280 Sub.Rec.	0.00	0.00	0.00	0.00			for the feet feet		0.00	0.00
271 Drug-test.	0.00	0.00	0.00	0.00		GALL S		10 May 10 - 20 1	0.00	0.00
361 Power	0.00	0.00	0.00	0.00					0.00	0.00
362 Water	0.00	0.00	0.00	0.00					0.00	0.00
363 Tele.	6,792.00	0.00	6,792.00	6,030.05					3,570.00	(2,808.05)
450 Cap. Out.	0.00	0.00	0.00	0.00					0.00	0.00
TOTAL Opers	23,492.00	0.00	23,492.00	21,060.05		THE REAL PROPERTY.			8,580.00	(6,148.05)
TOTALS	316,730.00	123,780.00	192,950.00	152,777.67	12,822.66	12,822.66	12,822.66	260,300.00	8,580.00	(104,927.67)

2009 BBMR Proj.03.31.09 4/29/2009 12:52 PM

FUNCTIONAL AREA: EXECUTIVE DIRECTION
AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: ADMINISTRATION

FUND: <u>SUMMARY</u>
Ratio: 100% GENERAL FUND

				Input by I	Department					]						Input by	Department		
	(A)	(B)	(C)	(D)	(E)	(F)	( <b>G</b> )	(H)	(1)	(J)	( K)	(L)	( M)	( N ) Benefits	(0)	(P)	(Q)	(R)	(S)
	Position	Position	Name of	Grade/				- In	crement	(E+F+G+I)	Retirement	Retire (DDI)	Social Security	Medicare	Life	Medical	Dental	Total Benefits	(J+R)
No.	Number	Title	Incumbent	Step	Salary	Overtime	Special*	Date	(E*Amount)	Subtotai	(J*25,20%)	(\$15.52*26PP)	(6.2% * J)	(1.45%*J)	S 174		( Premium)	(K thru Q)	TOTAL
1	ADM001	Director	Alberto A. Lamorena V	LL3(T-8)			s	Date	S -	\$ 75,208		<del></del>	(0.270 0)	\$ 1,091					
1 7	ADM002	Chief Planner	Machelle A.C. Leon Guerrero	P-17	S 70,324			4/28/2009	S 947				s -		S 174				
3	ADM004	WP Secretary II	Therese C. Aguon	H-15				2/27/2011	13	\$ 35,585			<u> </u>	3	\$ 174				
4	ADM006	Admin, Officer	Terry L. Cuabo	L-10			<del></del>	12/8/2010	1	\$ 39,780			-	\$ 577					
5	ADM008	Administrative Assistant	Marylou S. Gogo	J-14			s -	2/15/2010	s -	\$ 39,491			s -	\$ 573				<u> </u>	
6	ADM003	Private Secretary	VACANT	I-08		s -	s -		\$ -	s -	s -		s -	\$ -	-	s -	-	-	s -
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				<u> </u>					<b></b>						<del></del>				
			Grand Total:		\$ 260,388	s -	\$ .		\$ 947	\$ 261,335	\$ 65,856	\$ 404	\$ -	S 2,240	5 870	S 18,755	5 1,925	S 87,115	348,450

Night Differential/Hazardous/Worker's Compensation/etc.

FUNCTIONAL AREA: EXECUTIVE DIRECTION
AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: PLANNING INFORMATION PROGRAM

FUND: <u>SUMMARY</u>
Ratio: 100% GENERAL FUND

		DAKE TOTAL																	
			Input	by Departm	ient					]						Input by	Department		
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(3)	( K)	(L)	( M)	(N)	<b>(0</b> )	(P)	( <b>Q</b> )	(R)	(S)
								Incr	ement					Benefits					
N-	Position	Position Title	Name of Incumbent	Grade/	Salary	Overtime	Special*	Date	(E*Amount)	(F+G+H+J) Subtotal	Retirement	Retire (DDI) (\$15.52*26PP*E	Social Security (6.2% * K)	Medicare (1.45%*K)	Life 174 * E	Medical ( Premium * E)	Den(a) ( Premium * E)	Total Benefits ( L thru R )	(K+S) TOTAL
140.	Number PIP004	Planner III	Calvin A. Saruwatari	N-15				7/11/2009	\$ 447				\$ -	· · · · · · · · · · · · · · · · · · ·					
2	PIP005	Planner III	Monica J. Guerrero	M-15				1/9/2011	s -	\$ 51,092				<del></del>					
3	PIP007	Planner III	Janet A. Quitugua	N-15				12/21/2010	s -	\$ 55,341				<del></del>					
4	PIP009	Data Control Clerk II	Peter P. Leon Guerrero	F-6			s -	8/11/2009	\$ 882	\$ 23,808	\$ 6,000		s -	\$ 345	\$ 174	\$ 3,164	S 385	\$ 10,068	
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	1		Grand Total:		\$ 184,700	s -	\$ -		S 1,329	\$ 186,029	\$ 46,879	\$ 404	s -	\$ 2,697	\$ 696	\$ 7,762	S 976	\$ 59,415	\$ 245,444

Night Differential/Hazardous/Worker's Compensation/etc.

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: SOCIO-ECONOMIC PLANNING PROGRAM

FUND: <u>SUMMARY</u>
Ratio: 100% GENERAL FUND

			Input I	y Departme	ent .											Input by	Departm <b>e</b> nt		
	(A)	(B)	(C)	(D)	(E)	( <b>F</b> )	(G)	(H)	(1)	<b>(J</b> )	( <b>K</b> )	(L)	( M)	(N)	(0)	( P )	(Q)	(R)	(S)
				1	4. *****			lace	ement	•				Benefits					
	Position	Position	Name of	Grade/						(F+G+H+J)	Retirement	Retire (DDI)	Social Security	Medicare	Life	Medical	Dental	Total Benefits	(K+S)
No.	Number	Title	Incombent	Step.	Salary	Overtime	Special*	Date	(E*Amount)	Subtetal		(\$15.52*26PP*E	(6,2% * K)	(1.45%*K)	1174 * E	( Premium * E)	(Premium * E)	(LthruR)	TOTAL
1	SOC007	Planner III	Mildred B. Erguiza	M-14	\$49,364	0	0	1/13/2011	s -	49,364	\$12,440		0	\$716	174		414	17,350	66,714
2	SOC006	Planner III	Ernest E. Caseres	N-15	\$55,341	\$0	\$0	5/27/2009	\$671	56,012	\$14,115	\$0	\$0	\$0	\$174	\$0	\$0	\$14,289	\$70,300
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			Grand Total:		\$104,705	\$0	\$0		\$671	\$105,376	\$26,555	So	So	\$716	\$348	\$3,606	\$414	\$31,638	\$137,014

<sup>\*</sup> Night Differential/Hazardous/Worker's Compensation/etc.

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: BUSINESS & ECONOMIC STATISTICS PROGRAM

FUND: <u>SUMMARY</u>
Ratio: 100% GENERAL FUND

ſ			Input by	y Departme	nit											Input by	Department		
	(A)	(B)	(C)	(D)	(E)	(F)	( <b>G</b> )	(H)	(1)	<b>(J</b> )	( K)	(L)	( <b>M</b> )	(N)	( <b>0</b> )	(P)	( <b>Q</b> )	(R)	(S)
ı	Position	Position	Name of	Grade/				fner	ement	( F+G+H+J )	Retirement	Retire (DDI)	Social Security	Benefits Medicare	Life	Medical	Dental	Total Benefits	(K+S)
No.	Number	Title	Incombent	Step	Salary	Overtime	Special*	Date	(E*Amount)	Subtotal	(K * 25.20%)	(\$15.52*26PP*E)	(6.2% * K)	(1.45%*K)	174 * E	( Premium * E)	( Premium * E)	( L thru R )	TOTAL
1	BES-001	Statistician II	Edwin S. Verzosa**	J-12	\$ 36,865	s -	S -	12/17/2010	S -	\$ 36,865	\$ 9,290	s -	s -	s -	S 174	\$ 3,164	\$ 413	\$ 13,041	\$ 49,906
2	BES-002	Data Control Clerk II	James W. Cushing, Jr.	F-9	\$ 25,571	s <u>-</u>	S -	9/2/2009		\$ 25,571	\$ 6,444	S 404	s -	\$ 371	5 174	\$ 1,380	\$ 180	\$ 8,953	\$ 34,524
3	BES-003	Statistical Technician II	VACANT	F-1	<b>S</b> -		S -			s -	s -	s -	s -	S -					
4	BES-004	Statistical Technician II	Bertha M. Toves**	F-14	\$ 30,355	s -	s -	4/21/2010		\$ 30,355	\$ 7,649								
5	BES-005	Statistician I	Antonette Pitter**	I-12	\$ 34,368	s -	S -	6/17/2010		\$ 34,368	\$ 8,661	\$ 404	\$ -	\$ 498					
6	BES-006	Statistician II	Selina C. Tenorio	J-09	\$ 33,266	<u>s</u> -	\$ -	2/4/2010	\$ -	\$ 33,266	\$ 8,383	s -	s -	S -	S 174	\$ 1,838	\$ 231	\$ 10,626	\$ 43,892
7	BES-007	Statistical Technician I	VACANT	E-1	s -	<u>s</u> -	<b>S</b> -		-	<u>s</u> -	5 -		s -	s -	s -	s -	s -	s -	S -
8	BES-010	Statistical Technician I	VACANT	E-8	<u>s -  </u>	<u>s</u> -	<u>s</u> -		<u>s</u> -	<u> </u>	s -					s -	1.		
9	BES-011	Planning Technician I	Gloria T. Ponce**	H-10	S 29,962	s -	s -	3/2/2010		\$ 29,962			<u>s</u> -						
10	BES-012	Statistical Technician I	Marietta Balbastro**	E-10	\$ 24,984	<u>s</u> -	s -	11/12/2009	ļļ	\$ 24,984			s -	\$ 362					
11	BES-013	Chief Economist	Albert M. Perez	Q-7	S 54,475	<u> </u>	S -	9/5/2010	5 -	\$ 54,475	\$ 13,728	s -	<u> </u>	S 790	\$ 174	\$ 2,233	\$ 385	\$ 17,310	\$ 71,785
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			Grand Total:		\$269,846	\$0	50	****	so	\$269,846	\$68,001	\$808	\$0	\$2,896	\$1,392	\$19,851	\$2,519	\$95,467	\$365,31.

<sup>\*</sup> Night Differential/Hazardous/Worker's Compensation/etc.

Fiscal Year 2009 Budget Agency Current Staffing Pattern As of: December 31, 2008

PROGRAM: INTERJURISDICTIONAL FISHERIIES ACT GRANT PROGRAM (100% FEDERALLY FUNDED)

FUND: SUMMARY
Ratio: 100% Federally Funded

AGENCY: BUREAU OF STATISTICS AND PLANS

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	Position	Position	Name of	Grade/				Incr	ement	( F+G+H+J )	Retirement	Retire (DDI)	Social Security	Benefits Medicare	Life	Medical	Dental	Total Benefits	(K+S)
No.	Number	Title	Incumbent	Step	Salary	Overtime	Special*	Date	(E*Amount)	Subtotal		(\$15.52*26PP*E)		(1.45%*K)	174 * E	( Premium * E)			TOTAL
1	IFA001	Keypunch Operator I		E-1	\$ 16,656	<b>\$</b> -	\$ -			\$ 16,656	\$ 1,512	\$ 404	\$ -	\$ 242	\$ 174			\$ 5,880	\$ 22,536
2	IFA002	Data Control Clerk II	Emily M.C. Taitano	F-7	\$ 23,808	\$ -	\$ -	3/29/2010	\$ -	\$ 23,808	\$ 6,000	\$ 404		\$ 345	\$ 174	\$ 3,164	\$ 385	\$ 10,472	\$ 34,280
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			Grand Total:		\$ 40,464	\$ -	\$ -		\$ -	\$ 40,464	\$ 7,512	\$ 808	\$ -	\$ 587	\$ 348	\$ 6,328	\$ 770	\$ 16,352	\$ 56,816

<sup>\*</sup> Night Differential/Hazardous/Worker's Compensation/etc.

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: EDWARD BYRNE MEMORIAL STATE AND LOCAL LAW ENFORCEMENT FORMULA GRANT (100% FEDERALLY FUNDED)

FUND: SUMMARY
Ratio: 100% Federally Funded

			Input by	Departmen	rit .											Input by	Department	l	
ı	(A)	(B)	(C)	(D)	(E)	<b>(F)</b>	(G)	(H)	(1)	<b>(J)</b>	( <b>K</b> )	(L)	( <u>M</u> )	(N)	<b>(0</b> )	( <b>P</b> )	( <b>Q</b> )	(R)	(S)
	Position	Position	Name of	Grade/				Incr	ement	( F+G+H+J )	Retirement	Retire (DDI)	Social Security	Benefits Medicare	Life	Medical	Dental	Total Benefits	(K+S)
o.	Number	Title	Incumbent	Step	Salary	Overtime	Special*	Date	(E*Amount)	Subtotal		(\$15.52*26PP*E)	(6.2% * K)	(1.45%*K)	174 * E	( Premium * E)	and the second second	(LthruR)	TOTAL
П	BYRNE001	Planner III	Lola E. Leon Guerrero	M-13	\$ 47,695	s -	s -	1/29/2010	S -	\$ 47,695	\$ 12,019	<u> </u>	s -	\$ 692	\$ 174	\$ 3,164			
	BYRNE003	Administrative Assistant	Julie Rose U. Nededog	J-10	S 34,414	s -	s -	8/10/2010	<b>S</b> -	\$ 34,414	\$ 8,672	<u>s</u> -	s -	\$ 499	S 174	\$ 3,164	\$ 385	\$ 12,894	\$ 47,30
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)	1			1	\$ 82,109					\$ 82,109				\$ 1,191	\$ 348	\$ 6,328	\$ 770	S 29,328	i

<sup>\*</sup> Night Differential/Hazardous/Worker's Compensation/etc.

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: GUAM COASTAL MANAGEMENT PROGRAM

FUND: <u>SUMMARY</u>
Ratio: 100% FEDERALLY FUND

			Input	by Departme	nt .											Input by	Department		
	(A)	( <b>B</b> )	(C)	( <b>D</b> )	(E)	( <b>F</b> )	( <b>G</b> )	( <b>H</b> )	<b>(I)</b>	( <b>J</b> )	( <b>K</b> )	(L)	( <b>M</b> )	(N)	<b>(O</b> )	( <b>P</b> )	( <b>Q</b> )	(R)	(S)
								Incre	ement					Benefits					
Nt	Position Number	Position Title	Name of Incumbent	Grade/	Salary	Overtime	Special*	Date	(E*Amount)	(F+G+H+J) Subtotal	Retirement	Retire (DDI) (\$15.52*26PP*E	Social Security (6.2% * K)	Medicare (1.45%*K)	Life 174 * E	Medical (Premium * E)	Dental ( Premium * E)	Total Benefits ( L thru R )	(K+S) TOTAL
No.	GCMP001	Administrator	Evangeline C.D. Lujan	Step P-16	\$ 67,946		speciar •	5/17/2010	(E-Amount)	\$ 67,946	<del></del>		-	\$ 985					\$ 89,7
<u></u>		······································	Amelia DeLeon	M-14	\$ 67,346 \$ 49,364	<u> </u>	ъ <u>-</u>	8/1/2009	\$ 266				18	\$ 720					
<u> </u>	GCMP002 GCMP003	Planner III Planner II	Raymond V.C. Caseres	M-15	\$ 49,364 \$ 51,092	_	* -	1/9/2011		\$ 49,630 \$ 51,092			\$ -	\$ 720					
	GCMP003	Program Coordinator III	Thomas I, Ouinata	M-14	\$ 49,364	<u> </u>	•	11/20/2011	\$ -	\$ 31,092 \$ 49,364			3 -	\$ 710					
-	GCMP004	Planner III	Esther G. Taitague	M-14 M-11	\$ 49,504 \$ 44,524	<del>s</del> -	· ·	9/4/2010	\$ -	\$ 49,504			\$ - \$ -	1					
	GCMP007	Planner III	Teresita M. Perez	M-11	\$ 47,695	*	С	9/29/2009	\$ -	\$ 47,695			\$ .	\$ 692					
-	GCMP010	Administrative Assistant	Nydia H. Llarenas	J-10	\$ 34,414		• -	2/27/2010	-	\$ 34,414			s -						
0	GCMP011	Planner II	VACANT	L-1	\$ 26,520	\$ -	•	22172010	s .	\$ 26,520			\$ -	\$ 385					
	GCMIVII	1 Minel II	VACANI	1 5-1	\$ 20,520	· -	· ·		ļ <b>,</b>	\$ 20,020	4 0,000	<u> </u>		φ ,,455	7 1/4	3,000	415	φ 11,201	37,70
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			Grand Total:		\$370,919	\$0	\$0	****	\$266	\$371,185	\$93,539	\$0	\$0	\$5,376	\$1,392	\$22,155	\$2,595	\$125,057	\$496,242

<sup>\*</sup> Night Differential/Hazardous/Worker's Compensation/etc.

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: LAND USE GIS PLANNING PROGRAM

FUND: SUMMARY

Ratio: 100% Federally Funded under Coastal Zone Management Administration Grant

	Input by	Department							l						Input by	Department		
(A)	(B)	(C)	(D)	(E)	( <b>F</b> )	(G)	(H)	<b>(I)</b>	$(\mathbf{J})$	( K)	(L)	( M)	(N)	(0)	(P)	(Q)	(R)	(S)
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Position	Position	Name of	Grade/		100		- <u>  121 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	<u> 1</u>	(F+G+H+J)	Retirement	Retire (DDI)	Social Security	Medicare	Life	Medical	Dental	Total Benefits	(K+S)
Number	Title	Incumbent	Step		Overtime	Special*	Date	(E*Amount)	Subtotal		(\$15.52*26PP*E	(6.2% * K)	(1.45%*K)	174 * E	(Premium * E)		(LthruR)	TOTAL
LUP001	GIS Manager	Victor Torres	0-11			S -	6/27/2010	5 -	<b>S</b> 52,492			<u> </u>	S 761					S 68
LUP002	Planner II	Timothy Semuda	18			s -	7/23/2010	5 -	\$ 37,128									<b>S</b> 51,
LUP003	GIS Mapping Technician	VACANT	1-1	\$ 21,389	s -	s -		<u>s</u> -	\$ 21,389	\$ 5,390	\$ 404	s -	S 310	S 174	\$ 3,197	\$ 385	\$ 9,860	<b>S</b> 31
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<del></del>		Grand Total:	-	\$ 111,009	s -	S -		ts -	\$ 111,009	\$ 27,974	\$ 808	s -	\$ 1,610	S 522	S 7,608	S 1,040	\$ 39,562	S 1

<sup>\*</sup> Night Differential/Hazardous/Worker's Compensation/etc.

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: CORAL REEF INITIATIVE

FUND: SUMMARY

Ratio: 100% Federally Funded under CRI Grant

г		Input he D	Department							7						Innet by	Department	1	
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	(A)	(B)	(C)	(D)	(E)	( <b>F</b> )	(G)	(H)	(1)	( <b>J</b> )	( <b>K</b> )	(L)	( M)	(N)	( <b>0</b> )	(P)	( <b>Q</b> )	(R)	(S)
ı		- · · ·	., .			į		Inc	rement	(50 11.1)		I Ballanos	6 116 2	Benefits	Life	Medical	Dental		(17 . 6)
	Position Number	Position Title	Name of Incumbent	Grade/ Sten	Salary	Overtime	Special*	Date	(E*Amount)	(F+G+H+J) Subtotal	Retirement	Retire (DDI) (\$15.52*26PP*E)	Social Security (6,2% * K)	Medicare (1.45%*K)	174 * E	( Premium * E)	1	Total Benefits ( L thru R )	(K+S) TOTAL
	GCMP012	Special Project Coordinator	David R. Burdick	M-7			\$ -		\$ -	\$ 38,716	1			\$ 561	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
	CRI-001	Program Coordinator 1	Vacant	K-1	\$ 24,656					\$ 24,656			·····	\$ 358					
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十			Grand Total:	1	\$ 63,372	<b>S</b> -	\$ .		\$ -	\$ 63,372	\$ 15,970	\$ 808	\$ -	\$ 919	\$ 348	\$ 2,760	\$ 360	\$ 20,874	\$ 84,2

<sup>\*</sup> Night Differential/Hazardous/Worker's Compensation/etc.

#### FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: GUAM DEVELOPMENTAL DISABILITIES COUNCIL (100% FEDERALLY FUNDED)

FUND: <u>SUMMARY</u>
Ratio: 100% Federally Funded

		[nput	by Departme	ent											Input by	Department		
(A)	(B)	(C)	(D)	(E)	(F)	( <b>G</b> )	(H)	(1)	(J)	( K)	(L)	( M)	(N)	(0)	( <b>P</b> )	( <b>Q</b> )	(R)	(S)
					1 3.53		Incr	ement					Benefits					i
Position	· La company of the c	Name of	Grade/						( F+G+H+J )	Retirement	Retire (DDI)	Social Security	Medicare	Life	Medical	Dental	Total Benefits	(K+S)
Number		Incumbent	Step	Salary	Overtime	Special*	Date	(E*Amount)	Subtotal		(\$15.52*26PP*E)	(6.2% * K)	(1.45%*K)	174 * E	(Premium * E)	. (Premium * E)	(LthruR)	TOTAL
GDDC00	. 1	Manuel Cruz	P-10	\$55,274	\$0	\$0		\$0		\$13,929	\$404	SO	\$801	\$174	\$2,233	\$270	\$17,812	\$73,086
GDDC00		Marie C. Tedtaotao-Libria	N-7	41,936	0	. 0	4/29/2009	598		\$10,718	0	0	\$617	\$174	\$3,606	\$413	15,528	
GDDC00	4 Program Coordinator I	Kristina C. Perez	K-2	26,197	0	0	1/21/2010	s -	26,197	\$6,602	\$404	0	380	174	3,606	413	11,579	37,776
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		Grand Total:		\$123,407	\$0	\$0		\$598	\$124,005	\$31,249	\$808	So	\$1,798	\$522	\$9,445	\$1,096	\$44,918	\$168,923

<sup>\*</sup> Night Differential/Hazardous/Worker's Compensation/etc.

(Short Form)

1. Federal Agency and O Element to which Repl U.S Dept. of Justice I 3. Recipient Organization Guam Bureau of Statt P.O. Box 2950 Hagatna, GU 96932-7	ort is Submitted  ce  Programs (OJP)  (Name and complete ac  istics and Ptans	Grant or Award Number 2008-CD-BX-00 dress, including ZIP code)		NP	No. 112	3 Approx 1-0264 res: 01/3		Page 1	of 1 pages
4. Vendor Number	5. Recipient internal	code or identifying Number (if a	ıy)	6. Final Report			7. Basis		<del></del>
980017947	5101E09093	3PA101		( ) Y	96 X No			Cash x	Accrual
8, Funding/Grant Period ( From: (Month, Day, Ye 10/01/2008	*	onth, Day, Year) 09/30/2009	1	Covered by this I (Month, Day, Ye 01/01/2009		To: (l	Month, Day 03/31/		
10. Transactions:			Previous	i iy Reported	l This F	l Period		III Curriulativ	ne.
a. Total outlays				\$0.00			\$0.00		\$0.00
b. Recipient Share of o			<u> </u>	\$0.00			\$0.00		\$0.00
c. Federal share of out	ays			\$0.00			\$0.00		\$0.00
d. Total unliquidated ob	<del></del>								\$0.00
e. Recipient share of ur			ļ						\$0.00
f. Federal share of unito			<u> </u>						\$0.00
g. Total Federal share ( h. Total Federal funds a		a protect	<u> </u>						\$0.00
i. Unobligated batance			<del> </del>						99,337.00
	oe of Rate (place "x" in a	pproppriate box)	edetermine	d Fi	nai		Fixed		50,007.00
b. Rat		c. Base		d. Total Amount			e. Fede	ral Share	
	0. <b>00%</b>	\$0.00	·		\$0.00			\$0.00	·
12. Remarks: attach any	explanations deemed ne	cessary or information required b	y Federal apo		compliance v	with gove	eming legis	lation.	
A. Block/Formula passthro	-		C. Forfeit	\$	io.00 C	). Other	•	\$0.0	0
B. Federal Funds Subgrar	<b>vied</b> \$0.	00	E. Expende	xd	io.00 F	Unexq	pended	\$0.0	0
	to the best of my knowled e purposes set forth in the	dge and belief that this report is c ne award documents.	orrect and con	opiete and that all	outlays and u	niiquida	ted obligati	ons	
Typed or Printed Name and Mr. Alberto A Lamons					exter	chone (J Ision) 1472-42		number and	
Signature of Authorized Ca	ertifying Official					Report : 1/2009	Submitted		

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.

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(Short Form)

(Follow instructions on the back)

	teport is Submitted		ederal Agenc	Other Identifying Number Y	Assigned	l	No.	rage of
USDer	partment of Justice		2008	-CD-BX-0008		112	1-0264	1/1
,	f Justice Programs		2000	-CD-DX-0000				pages
2. Floriniant	2	1		Paul Coverdell Forensic Imp	. Grant			<u> </u>
3. Recipient	Organization (Name and comple	te address, includi	ing ZIP code	)				
1	REAU OF STATISTICS AND PL	ANS			QUARTER	RLY REPORT		
	. BOX 2950 Batna, Guam 96932							
<ol> <li>Employer I</li> </ol>	dentification Number 98-0017947		ount Number 190933PA10	or Identifying Number	6. Final R		7. Basis []Cash [X]	Aconsol
		SIGIE	1504331 A 10				[] Casi [X]	ACCOUNT.
	rant Period (See Instructions)	I To Atomb Do	. Vand	9. Period Covered by			V\	
FIOTI. (IVIC	onth, Day, Year) 10/01/08	To: (Month, Day 09/3)		From: (Month, Day 01/1/2009	, rear)	To: (Month, Da 03/31		
10. Transact	ions:			Previously		II This	III Cumulativ	<b>*</b>
				Reported	ž .	Period	Cumulan	
a. Total o	utlays			0		0		
b. Recipie	ent share of outlays		<del></del>		<b>-</b>			
c. Federa	I share of outlays	<del>,</del>	, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	0		0		0
	•			0	<u></u>	0		0
	nliquidated obligations							0
e. Recipie	ent share of unliquidated obligati	ons						0
f. Federa	I share of unliquidated obligation	18						0
g. Total F	ederal share (Sum of lines c and f)					7		
h. Total F	ederal funds authorized for this	funding period			Age of the same			0
I. Unoblic	ated balance of Federal funds	(Line h minus	ine g)					99,337
	a. Type of Rate (Place ")	K" in appropriate be	av)			77		99,337
11. Indirect	[] Provisional	[] Predetermined	-	[] Final		[X] Fixed		
Expense	b. Rate	c. Base		d. Total Amount		e. Federal Sha	re	
12. Remarks:	Attach any explanations deem	ed necessary or in	formation re-	uired by Federal spons	soring agene	y in compliance	with governing	
legislation.								
13. Certificati	on: I certify to the best of my	knowledge and	belief that th	ris report is correct an	d complete	and that all ou	tlays and	
	unliquidated obligation	s are for the purp	ose set fort	h in the award docum	ents.		•	
	ited Name and Title				Telephone	(Area code, nun	ber and extension)	
	ERTO A. LAMORENA V, DIRE lay of Statistics and Plans	CTOR				4, 61	1- 472 -4201	
							·· 71 & 744	
Signature of	Authorized Cortifying Official				Date Repo	ort Submitted	_	
	( sent	/	_			APR :	2 8 2009	1
							<u> </u>	

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

(Short Form)

Federal Agent Element to with	oy and Organia high Report is S		2. Grant or Award Number	Assigned by C	UP	OME No.	3 Approva	,	Page	αí
U.S Dept. o		rams (OJP)	2008-DJ-8X-073	35			1-0264	nne	1	1 pages
Recipient Orga     Guam Bures     P.O. Box 298	anization (Namu	ne and complete ad	dress, including ZIP code)			exp.	res: 01/3/2	2006		l hadro
4. Vendor Numb	er 5.	. Recipient internal	code or identifying Number (if ar	ıy)	6. Final Report		7.	. Basis		
9 <b>800</b> 17947	,	5101H090920	EI108		Y	s X N		, <sub>-</sub>	Cash X	Accrual
8. Funding/Grant From: (Month, 10/01/	, Day, Year)	,	nth, Desy, Year) 09/30/2011		Covered by this i (Month, Day, Ye 01/01/2009		To: (Mc	onth, Dar 03/31	y, Year) /2009	
10. Transactions:	:			Previous	i iy Reported	† This F	-		iti Cumulativ	<b>/G</b>
a. Total outlay	9				\$0.00			\$0.00		\$0.00
b. Recipient Si	hare of outlays				\$0.00		;	\$0.00		\$0.00
c. Federal sha	re of outlays				\$0.00			\$0.00		\$0.00
d. Total unliqui	idated obligatio	ons							\$	22,662.00
e. Recipient st	name of unliquid	isted obligations								\$0.00
f. Federal shar	e of unliquidate	ed obligations							\$	22,662.00
البين والمستواليات		of Lines c and f)							\$	22,662.00
h. Total Federa	ai funds author	ized for this funding	period	<u> </u>					\$	25,179.00
i. Unobligated	balance of Fed	ional funds (Line h n	ninus Line g)					1		\$2,517.00
11. Indirect Expense	a. Type of f	Rate (place "x" in aç		edetermine	d Fi	nai	!	Fixed	l	
	b. Rate	0.00%	c. Base \$0.00		d. Total Amount	\$0.00		e. Fede	eral Shere \$0.00	)
12. Remarks: at	tach any explai	nations deemed ne	cessary or information required b	y Federal spo	neoring agency in	compliance w	vitin govern	ning legis	slation.	
				PROGRAM	INCOME:					
	,			1						
A. Block/Formula	·	\$0.0		C. Forfeit		0.00 C	). Other		\$0.0	_
B. Federal Funds	Subgranted	\$0.	00	E. Expende	od S	60.00 F	. Unexpe	nded	\$0.0	0
			ge and belief that this report is one award documents.	orrect and con	opiete and that all	outlays and u	nliquidate	d obligat	tions	
Typed or Printed I		Director				exter	phone (Are sion) 1472-4201		number and	
Signature of Author	orized Certifyin	Official (	2/				Report St V2009	domitted		

DOJ Standard Form 269e (REV 2002)

Paperwork Reduction Act Notics. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMS 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.

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(Short Form) (Follow instructions on the back)

	gency and Organizational Eleme Report is Submitted	nt	<ol><li>Federal Grant or By Federal Agend</li></ol>	Other Identifying Number	Assigned	OI	VIB Approval No.	Page of
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	partment of Justice	1	2008	3-DJ-BX-0735				
Office o	f Justice Programs	1	2008 (	Byrne Justice Assistance Gr	rant Sun			pages
3. Recipient	Organization (Name and comple	te address,			an cap	<del></del>		<u> </u>
P.0	REAU OF STATISTICS AND PL . BOX 2950 Gatna, Guam 96932	ANS			QUARTER	RLY REPORT		
4. Employer	Identification Number 98-0017947		ent Account Number 5101H090920EI10	or Identifying Number B	6. Final R		7. Basis []Cash [X]	Accrusi
8. Funding/G	irant Period (See Instructions)	<del></del>		9. Period Covered b	v this Repor			
, -	onth, Day, Year) 10/1/2007	To: (Mor	oth, Day, Year) 9/30/2011	From: (Month, Day 01/1/2009	•	To: (Month, Da	ny, Year) 1/2009	
10. Transac				Previously Reported	F	II This Period	III Cumulativ	⁄e
a. Total o	utlays			0		0		0
b. Recipi	ent share of outlays			0		0		0
c. Federa	al share of outlays			0		0		0
d. Total u	inliquidated obligations							22,662
e. Recipi	ent share of unliquidated obligati	ons						0
f. Federa	nt share of unliquidated obligation	ns						22,662
g. Total F	ederal share (Sum of lines c and f)							22,662
h. Total P	ederal funds authorized for this	funding pen	iod					25,179
i, Unablig	gated balance of Federal funds	(Line I	h minus line g)					2,517
11. Indirect Expense	a. Type of Rate (Place 7	X" in approp [ ] Predete		[]Final		[X] Fixed		
·	b. Rate	c. Base		d. Total Amount		e. Federal Sha	re	
legislation						•		
73. Certificati	ion: I certify to the best of my unliquidated obligation	· ·		•	-	and that all o	itiays and	
Typed or Pric	nted Name and Title	<del></del>			Telephone	(Area code, nur	nber and extension)	
	SERTO A. LAMORENA V, DIRE	CTOR	,				71-472-42 <del>01</del>	
Signature of	Authorized Certilying Official	/			Date Repo	ort Submitted AP	R 2 8 2009	

Standard Form 269A (REV 4-88) Prescribed by OMB Circulars A-102 and A-110



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Federal Agency     Element to while			Grant or Award Number	Assigned by C	WP	No.	3 Approv	<b>294</b>	Page	of
U.S Dept. of			2007-RT-BX-00	56		112	1-0264		1	1
Office of Ju	istice Pro	ograms (OJP)				Exp	res: 01/3	/2006		08 <b>98</b> 6
3. Recipient Organ Guam Bureau P. O. Box 295 Hagatna, GU	of Statistic	•	dress, including ZIP code)							
4. Vendor Number	,	5. Recipient interna	code or identifying Number (if a	(ער	6. Final Report			7. Basis		
980017947		51 <b>01H0709</b> 2	0SE107		Y	es X N	•		Cash X	Accrual
8. Funding/Grant F	,	•	-M. Dav. Varia	1	d Covered by this		T (A	A#- D	Vannt	
From: (Month, I 10/01/2		10: (MK	nth, Day, Year) 09/30/2010	From	: (Month, Day, Ye 01/01/2009	ar)	10. (4	Aonth, Dag 03/31.	,	
10/01/2			0.000.010	<del> </del>						
10. Transactions:				Previous	1 sty Reported		ii Period	١	III Cumulativ	•
a. Total outlays					\$0.00			\$0.00		\$0.00
b. Recipient Shi	are of cutta	iya			\$0.00			\$0.00		\$0.00
c. Federal share	e of outlays				\$0.00			\$0.00		\$0.00
d. Total unliquid	tated obliga	ations								\$0.00
e. Recipient sha	are of unliq	uidated obligations					<del></del>			\$0.00
f. Federal share	of unilquid	lated obligations								\$0.00
g. Total Federal	share (Su	m of Lines c and f)								\$0.00
h. Total Federat	funds autr	norized for this fundin	period						5	38,567.00
i. Unobligated b	alence of F	ederal funds (Line h	minus Line g)						\$	38,567.00
11. Indirect Expense	a. Type o	of Rate (place "x" in a	(	edetermine	d F	inal		Fixed	,	
	b. Rate	0.00%	c. Base \$0.0	)	d. Total Amount	\$0.00		e. Fede	oral Share \$0.00	)
12. Remarks: atte	ach any exp	planations deemed ne	cessary or Information required i	y Federal spo	neoring agency in	compliance v	with gove	ming legis	siation.	
				PROGRAM	LINCOME:					
A. Block/Formula ;				C. Forfeit		•	D. Other		\$0.0	
B. Federal Funds :	Subgranted	\$0	00	E. Expend	ed	\$0.00 I	F. Unexp	ended	\$0.0	0
		he best of my knowle surposes set forth in the	dge and belief that this report is one award documents.	orrect and cor	mpiete and that ail	outlays and t	ınliquidat	ed obligati	ions	
Typed or Printed N		_				exte	phone (A nsion) ) 472-42(		number and	
Class at many and A	almost Carrie		$\wedge$			0	Por - + 1			
Signature of Author	rizea Certif	yring Umphal	2/				Report S 8/2009	Submitted		
									lard Form 269a (F	

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(Short Form)

(Follow instructions on the back) Federal Agency and Organizational Element 2. Federal Grant or Other Identifying Number Assigned OMB Approval Page of to Which Report is Submitted By Federal Agency No. 1121-0264 2007-RT-BX-0056 U.S. Department of Justice Office of Justice Programs Expires: 01/31/2008 pages 2007 RSAT 3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS QUARTERLY REPORT P.O. BOX 2950 HAGATNA GUAM 96932 4. Employer Identification Number 6. Final Report 5. Recipient Account Number or Identifying Number 7. Basis 98-0017947 5101H070920SE107 [ ] YES [ X] NO []Cash [X]Accruel 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/1/2006 9. Period Covered by this Report To: (Month, Day, Year) From: (Month, Day, Year) To: (Month, Day, Year) 9/30/2010 01/01/2009 03/31/2009 10. Transactions: 111 Previously This Cumulative Reported Period a. Total outlays 0 0 b. Recipient share of outlays 0 0 0 c. Federal share of outlays 0 0 0 d. Total unliquidated obligations 0 e. Recipient share of unliquidated obligations 0 f. Federal share of unliquidated obligations 0 g. Total Federal share (Sum of lines c and f) ٥ h. Total Federal funds authorized for this funding period 38,567 i. Unobligated balance of Federal funds 38,567 a. Type of Rate (Place "X" in appropriate box) 11. Indirect [ ] Provisional [] Predetermined []Final [X] Fixed Expense b. Rate c. Base d. Total Amount e. Federal Share

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing

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 purpose set forth in the award documents.

Typed or Printed Name and Title

ALBERTO A. LAMORENA V, DIRECTOR

**Bureau of Statistics and Plans** 

Signature of Authorized Pertifying Official

legislation.

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

1-671-472-4201

Telephone (Area code, number and extension)

Date Report Submitted APR 2 8 2009

(Short Form)

	and Organizational th Report is Submitte		. Grant or Award Number A	assigned by (	NP .	OM No.	3 Аррго	vei	Page	of
U.S Dept. of Office of Jus	Justice stice Programs (	OJP)	2007-CD-BX-006	51			1-0264 res: 01	J 3/2006	1	1 pages
		•	including ZIP code)							
4. Vendor Number	5. Recipie	ent internal code	or identifying Number (if an	y)	6. Final Report			7. Basis		
980017947	510	1E080933PA10	01		Y	es X N	•	C	ash x	Accrual
8. Funding/Grant P From: (Month, D 10/01/20		To: (Month, D	ay, Year) 30/2009		d Covered by this F : (Month, Dary, Yea 01/01/2009	•	To:	(Month, Day, 03/31/2	-	-0
10. Transactions:				Previou	i sty Reported	This	N Period		III Cumulativ	•
a. Total outleys					\$5,556.00			\$0.00		\$5,556.00
b. Recipient Sha	re of outlays				\$0.00			\$0.00		\$0.00
c. Federal share	of outlays				\$5,556.00			\$0.00		\$5,556.00
d. Total unfiquida	ated obligations								\$	86,888.00
e. Recipient sha	re of unliquidated obt	lgations								\$0.00
f. Federal share	of unliquidated obliga	stions		<u> </u>					\$	86,886.00
	share (Sum of Lines								\$	92,442.00
h. Total Federal	funds authorized for	this funding perio	d						S	96,594.00
i. Unobligated be	slance of Federal fund		<del></del>							\$4,152.00
11. Indirect Expense	a. Type of Rate (pia	ce "x" in appropp	1100	determine	d Fi	nai	[_	Fixed		
	b. Rate	0.00%	c. Base \$0.00		d. Total Amount	\$0.00		e. Federa	al Shane \$0.00	)
12. Remarks: attac	ch any explanations o	deemed necessa	ry or information required by	y Federai spo	onsoring agency in	compliance y	vith gov	eming legisla	tion.	·
				PRÓGRAM	I INCOME:					
A. Block/Formula p	assthrough	\$0.00		C. Forfeit	\$	\$0.00 i	). Othe	r	\$0.0	0
B. Federal Funds S	Subgranted	\$0.00		E. Expend	ed S	0.00 i	. Unex	pended	\$0.0	0
	certify to the best of r e for the purposes se		d belief that this report is co indidocuments.	errect and co	mplete and that all	outlays and o	inliquidi	sted obligation	ris.	
Typed or Printed Na		ector	,			exte	phone ( nsion) ) 472-42	Area code, n	umber and	
Signature of Author	ized Certifying officia	idt (	04	_			Report 3/2009	Submitted		

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(Short Form) (Follow instructions on the back)

	gency and Organizational Eleme Report is Submitted		or Other Identifying Number	Assigned		OMB Approval No.	Page of
	(opur o comme		•		. 11	21-0264	1/1
1 .	partment of Justice	200	07-CD-BX-0061				
Office of	of Justice Programs	200	7 Paul Coverdell Forensic Imp	Grant			pages
3. Recipient (	Organization (Name and compl			, Cranc	<del></del>		
P.O	REAU OF STATISTICS AND P D. BOX 2950 GATNA, GUAM 96932	PLANS		QUARTER	RLY REPORT		
4. Employer i	Identification Number 98-0017947	5. Recipient Account Numb 5101E080933PA		6. Final R	Report [X]NO	7. Basis []Cash [X	( ] Accrual
8. Funding/G	Grant Period (See Instructions)		9. Period Covered by	y this Repor			
From: (Mc	onth, Day, Year) 10/01/07	To: (Month, Day, Year) 09/30/09	From: (Month, Day 01/1/2009	/, Year)	To: (Month, E 03/3	Day, Year) 31/09	
10. Transact	tions:	_ <u> </u>	C-visab.		II This	III Computer	
			Previously Reported	<u> </u>	This Period	Cumula	mve
a. Total o	utlays		5,556		0		5,556
b. Recipie	ent share of outlays		0		0		0
c. Federa	al share of outlays		5,556		0		5,556
d. Total u	unliquidated obligations			J. 1			86,886
e. Recipio	ent share of unliquidated obliga	ations					00,000
f. Federa	al share of unliquidated obligation	ons					
g. Total F	Federal share (Sum of lines c and	I f)					86,886
h. Total F	Federal funds authorized for this	s funding period					92,442
i. Unoblig	gated balance of Federal funds	S (Line h minus line g)					96,594
	a. Type of Rate (Place	"X" in appropriate box)	***************************************	r. Triji	ું કર <b>ો જાયું</b> કર્યા છે. ક	L	4,152
11. Indirect Expense	[ ] Provisional	[ ] Predetermined	[]Final		[X] Fixed		
	b. Rate	c. Base	d. Total Amount		e. Federal St	nare	
5	: Attach any explanations deer	med necessary or information	required by Federal spons	soring agen	cy in compliand	e with governing	
legislation	<i>i.</i>						
13. Certificat	tion: I certify to the best of m	-		•	e and that all c	outlays and	
		ons are for the purpose set f	orth in the award docum				
	inted Name and Title BERTO A. LAMORENA V, DIR	RECTOR		Telephone	(Area code, nu	imber and extension)	
ŧ .	reau of Statistics and Plans				1-	671- 472 -4201	
Signature of	Authorized Certifying Official	7/1=		Date Repo	ort Submitted	APR 2 8 20	109

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110



(Short Form)

	cy and Organization		Grant or Award Number A	issigned by C	NP	OME No.	3 Appro	val	Page	of
U.S Dept. o Office of Ju	of Justice ustice Programs	(OJP)	2007-GP-CX-002	28		1	1-0264 res: 01/		1	1 pages
	of Statistics and Pi	•	including ZIP code)							
4. Vendor Numbe	i i	pient internal code	or Identifying Number (if an	у)	6. Final Report	os EX <sup>™</sup> N		7. Basis	Cash X	Accruai
				O Gario	d Covered by this f					
8. Funding/Grant. From: (Month,	Period (See Instrui Day, Year)	ations) To: (Month, Da	ay, Year)	•	: (Month, Day, Yes	•	To:	(Month, Day,	Year)	
09/01/2	2007	08/3	1/2010	l	01/01/2009			03/31/2	2009	
10. Transactions:				Previou	i sty Reported		il Period		II) Cumulativ	•
a. Total outlays					\$18,680.00			\$0.00	ş	18,680.00
b. Recipient Sh	are of outlays				\$0.00			\$0,00		\$0.00
c. Federal shar	e of outlays				\$18,680.00			\$0.00	\$	18,680.00
d. Total unliqui	dated obligations								\$	31,951.00
e. Recipient sh	are of untiquidated o	bligations								\$0.00
f. Federal share	e of unliquidated obt	igations							5	31,951.00
g. Total Federa	i share (Sum of Line	escandif)							S	50,631.00
h. Total Federa	l funds authorized fo	or this funding perio	đ						\$	55,909.00
i. Unobligated t	salance of Federal fo	unds (Line h minus l	Line g)							\$5,278.00
11. Indirect Expense	a. Type of Rate (p	place "x" in appropp	p	determine	d Fi	nal	(	Fixed		
	b. Rate	0.00%	c. Base \$0.00		d. Total Amount	\$0.00		e, Federa	al Share \$0.00	1
12. Remarks: att	ach any explanation	s deemed necessar	y or information required by	y Federal spo	onsoring agency in	compliance v	vitin gov	erning legisla	ation.	
				PROGRAM	(INCOME:					
A Dinal-france	non-then, -t-	<b>66.05</b>		C. Forfeit		1 00.00	D. Othe	_	\$0.0	
A. Block/Formula B. Federal Funds		\$0.00 \$0.00		E. Expend				rr rpended	\$0.0	
	I certify to line best or are for the purposes		d belief that this report is conditional documents.	prrect and co	mpiete and that all	outlays and i	ınlıquid	ated obligatio	ons	
Typed or Printed N						exte	nsion)	Area code, n	umber and	
Mr. Alberto A	Lamorena (	Director				(671	) 472-4	ev i		
Signature of Author	orized Certifying Offi	cial					Report 8/2009	: Submitted		
		<del></del>							rd Earn 200a (	

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 creats 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 Soventh Street, NW, Washington, DC 20531.

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(Short Form) (Follow instructions on the back)

•	gency and Organizational Eleme Report is Submitted	nt	Federal Grant of By Federal Ager	r Other Identifying Number ncy	Assigned	ł	MB Approval No. 21-0264	Page of			
	partment of Justice f Justice Programs			<b>07-GP-CX-0028</b> 7 Project Safe Neighborhoods	P-CX-0028						
3. Recipient	Organization (Name and comple	te addres				<u>L</u>	-				
P.0	REAU OF STATISTICS AND PL 1. BOX 2950 GATNA, GUAM 96932	ANS			QUARTER	LY REPORT					
4. Employer	Identification Number 98-0017947	5. Recip	pient Account Numbe 5101H070920SE1	er or Identifying Number 102	6. Final R		7. Basis []Cash [	X ] Accrual			
	Frant Period (See Instructions) onth, Day, Year) 9/1/2007	To: (Mc	onth, Day, Year) 8/30/2010	9. Period Covered by From: (Month, Day 01/1/2009		To: (Month, D	ay, Year) 11/2009				
10. Transactions:				Previously Reported		II This 'eriod		[]Cash [X]Accruel			
a. Total o				18,680		0		18,680			
	ent share of outlays			•		0		0			
	al share of outlays			18,680		0		18,680			
	Inflquidated obligations							31,951			
	ent share of unliquidated obligati							0			
f. Federa	al share of unliquidated obligation	15						31,951			
g. Total F	ederal share (Sum of lines c and f)							50,631			
h. Total F	ederal funds authorized for this	funding pe	riod					55,909			
i. Unoblig	gated balance of Federal funds	· · · · · · · · · · · · · · · · · · ·	e h minus line g)					5,278			
11. Indirect Expense	a. Type of Rate (Place 7		opriate box) etermined	[]Final		[X] Fixed					
·	b. Rate	c. Base	>	d. Total Amount		e. Federal Sh	are				
legislation											
13. Certificat	ion: I certify to the best of my unliquidated obligation		-	this report is correct an orth in the award docum	•	and that all o	utlays and				
	nted Name and Title	CTOR			Telephone	(Area code, nu	mber and extension)				
ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans					:	1- 6	71- 472 -4201				
Signature of	Authorized Certifying Official	)_	7		Date Repo	rt Submitted APR 28	2009				
	- 7~/C		·								

Standard Form 269A (REV 4-88) Prescribed by OMB Circulars A-102 and A-110

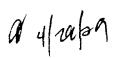
(Short Form)

Federal Agency and Or Element to which Repo     U.S Dept. of Justice Office of Justice P     Recipient Organization (     Guarn Bureau of Statist Post Office Box 2950 Hagatria, GU 96932-0	nt is Submitted  regrams (OJP)  Name and complete addiction and Plans	Grant or Award Number.  2004–GP-CX-07  Idress, including ZIP code)	,	ЭJP	No. 112	3 Approv 1-0264 res: 01/3		Page 1	of 1 pages
riaganie, Go sosaz-o									
4. Vendor Number	5. Recipient internal	code or Identifying Number (if a	1 <b>y</b> )	6. Final Report			7. Basis		
980017947	5101H050920	DSE101		Y	s x N	• ]		Cash x	Accrual
8. Funding/Grant Period (S From: (Month, Day, Yea 10/01/2004	•	oreth, Day, Year) 09/30/2009		t Covered by this f (Month, Day, Yea 01/01/2009	•	To: (A	Month, De 03/31	y, Year) /2009	
10. Transactions:			Previou	iy Reported	This F	l Pariod		tti Cumulatk	re
a. Total outlays				\$324,010.00		\$8,	587.00	\$	332,597.00
b. Recipient Share of our	tlays			\$0.00			\$0.00		\$0.00
c. Federal share of outla	ys:			\$324,010.00		\$8,	587.00	\$3	332,597.00
d. Total unliquidated obli	gations								26,769.00
e. Recipient share of unl	iquidated obligations								\$0.00
f. Federal share of unliqu	idated obligations							: 	26,769.00
g. Total Federal share (5								\$3	359,366.00
h. Total Federal funds a	thorized for this funding	period						\$3	62.038.00
i. Unobligated balance of	·		<u></u>					······································	\$2,672.00
11. Indirect a. Type Expense	of Rate (piece "x" in a		edetermine	d Fi	nai	,	Fixed	1	
b. Rate	0.00%	c. Base \$0.00	)	d. Total Amount	\$0.00		e. Fede	erai Share \$0.00	)
12. Remarks: attach any e	xplanations deemed ne	cessary or information required t	ry Federal spo	neoring agency in	compliance v	vith gove	ming legs	iation.	
			PROGRAM	INCOME:					
A. Biock/Formula pasethrou	-		C. Forfait			). Other		\$0.00	
B. Federal Funds Subgrant	ed \$0.	00	E. Expend	ed S	60.00 F	. Unexp	ended	\$0.0	0
	the best of my knowled purposes set forth in th	lge and belief that this report is c le award documents.	orrect and cor	nplete and that all (	outlays and u	nliquidat	led obligat	tions	
Typed or Printed Name and	Title						rea code,	number and	
Mr. Alberto A Lamorer	a Director					<b>ж</b> юп) (472-42(	01		
Signature of Authorized Cer	tifying Official	2/1				Report \$ 3/2009	Submitted		

DOJ Standard Form 269a (REV 2002)

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(Short Form) (Follow instructions on the back)

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10 11	Topare o outernade	3) 1 3 3 3 4 1 9 5	·~;		112	11-0264	1/1			
1 '	partment of Justice	200	14-GP-CX-0701							
Office o	of Justice Programs	2004	Project Safe Neighborhoods				pages			
3. Recipient	Organization (Name and compl			<u> </u>	<u> </u>		<u></u>			
20	REAU OF STATISTICS AND P	I ANG		OHAPTER	LY REPORT					
3	D. BOX 2950	<b>544</b>		CONTIN	LI NEFORT					
HA	GATNA, GUAM 96932									
4. Employer	Identification Number	5. Recipient Account Numb		6. Final R		7. Basis				
	98-0017947	5101H050920SE1	101	[ ] YES	[ X ] NO	[]Cash [X	] Accrual			
	Grant Period (See Instructions)		9. Period Covered by							
From: (M	onth, Day, Year) 10/01/04	To: (Month, Day, Year) 09/30/09	From: (Month, Day	r, Year)	To: (Month, D	•				
	10/01/04	09/30/09	01/1/2009		03/3	1/2009				
10. Transac	tions:			1	11	111				
			Previously Reported	1	This eriod	Cumulai	ive			
a. Total o	outlays		324,010		8,587		332,597			
b. Recipi	ent share of outlays			<b> </b>						
c. Federa	al share of outlays		0		0		0			
d Total	unliquidated obligations		324,010	1,022	8,587		332,597			
l							26,769			
e. Recipi	ent share of unliquidated obliga	tions		Chart			0			
f. Federa	al share of unliquidated obligation	ons		i de grande de la companya de la com						
g. Total f	ederal share (Sum of lines c and	<u> </u>					26,769			
h Total F	ederal funds authorized for this	funding poried					359,366			
ii. Total r	ederal folias addionized for this	ranong penou				362,				
i. Unobli	gated balance of Federal funds	(Line h minus line g)								
		"X" in appropriate box)				<del></del>				
11. Indirect Expense	[ ] Provisional	[ ] Predetermined	[] Final		[X] Fixed					
	b. Rate	c. Base	d. Total Amount		e. Federal Sh	are				
		<u> </u>								
12. Remarks: legislation	: Attach any explanations deer	ned necessary or information i	required by Federal spons	soring ageno	y in compliance	with governing				
13. Certificat	tion: I certify to the best of m unliquidated obligatio	ly knowledge and belief that his are for the purpose set fo			and that all o	utlays and				
Typed or Pri	nted Name and Title			Telephone	(Area code, nu	mber and extension)				
2	BERTO A. LAMORENA V, DIR sau of Statistics and Plans	ECTOR			1- 6	71- 472 -4201				
Signature of	Authorized Certifying Official			Date Repo	rt Submitted	_				
-	(1)	/~			APR	2 8 2009				

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Standard Form 269A (REV 4-88) Prescribed by OMB Circulars A-102 and A-110

(Short Form)

U.S Dept. of	h Report is Submit	ted	Grant or Award Number A     2005-RT-BX-005	No.					Page 1	of 1 pages
	of Statistics and Pl x 2950	-	ass, including ZIP code)							
4. Vendor Number	5. Recip	pient internal co	de or identifying Number (if an	y)	6. Final Report			7. Basis		
980017947	51	01H050920S	E107		Y	es X N	0	,	Cash x	Accrual
8, Funding/Grant Pr		-	- Day Vand		Covered by this	•	et ar-u /	4445 D		
From: (Month, D 10/01/20		4	n, Day, Year) 9/30/2009	From:	: (Month, Day, Ye 01/01/2009	ar)	100 (	Month, Day 03/31.	-	
1001/20	~~	<u> </u>	3/3//2008		01/01/2008		<u> </u>	03/31.	/2008	
10. Transactions:				Previous	i By Reported	This	il Period		ili Cumulative	
a. Total outlays					\$57,739.00		\$10	,765.00	\$	68,504.00
b. Recipient Share of outlays				\$0.00		\$0.00		\$0.00		
c. Federal share of outlays					\$57,739.00	\$10,765.00			\$68,504.00	
d. Total unliquida	rted obligations									
e. Recipient shan	e of unilquidated o	bligations								\$0.00
f. Federal share o	of unfiquidated obti	gations								67,409.00
g. Total Federal s	share (Sum of Line	ecandif)								35,913.00
h. Total Federal f	funds authorized fo	r this funding p	eriod						\$1	35,913.00
i. Unobligated ba	lance of Federal fu	nds (Line h min	ius Line g)							\$0.00
11. indirect Expense	a. Type of Rate (p	process and		edetermine	d F	in <i>al</i>	-	Fixed		
	b. Rate	0.00%	c. Base \$0.00		d. Total Amount	\$0,00		e. Fede	ral Share \$0.00	
								<u> </u>		
12. Remarks: attac	th any explanations	s deamed neces	ssary or information required by	y Federal spo	nsoring agency in	compliance	with gov	eming legis	lation.	
				PROGRAM	INCOME:					
A. Biock/Formula pa	assthrough	\$0.00		C. Forfeit	;	\$0.00	D. Othe	,	\$0.0	0
B. Federal Funds S	ubgranted	\$0.00		E. Expende	xd :	00.00	F. Unex	pended	\$0.0	0
	certify to the best or o for the purposes		and belief that this report is co award documents.	orrect and con	oplete and that all	outlays and	unliquida	ited obligati	ions	
Typed or Printed Na						exte	nsion)		number and	
Mr. Alberto A L	amorena C	Xirector	<del></del>	······································		(671	) 472-42	701		
Signature of Authori	zed Certifying Offic	rat (					Report 8/2009	Submitted		
		1							and Form 260a (F	ليسبس

on 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 to 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 stice Programs, US Department of Justice, 810 Seventh Street, NW, Washington, DC 20531.

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(Short Form)
(Follow instructions on the back)

	ency and Organizational Elemer		Other Identifying Number	Assigned	OMB Approval Page of No.								
			•		1121-0264 1 / 1								
•	artment of Justice Justice Programs	2005	F-RT-BX-0054		Expires: 01/31/2008 pages								
		2005	RSAT				, , ,						
<ol><li>Recipient 0</li></ol>	Organization (Name and complet	e address, including ZIP code	e)										
P.O.	REAU OF STATISTICS AND PL BOX 2950 SATNA, GUAM 96932	ANS		QUARTER	LY REPORT								
4. Employer	dentification Number 98-0017947	5. Recipient Account Numbe 5101H050920SE1		6. Final R		7. Basis [] Cash [X].	Accruel						
8. Funding/G	rant Period (See instructions)	<u> </u>	9. Period Covered by	this Repor	1								
	onth, Day, Year) 10/01/04	To: (Month, Day, Year) 09/30/09	From: (Month, Day 01/01/2009		To: (Month, D	ay, Year) 1/2009							
10. Transact	ions:		l Previously Reported	1	II This eriod	III Cumulativ	re						
a. Total o	utlays		E7 720		40.765		29 E04						
b. Recipie	ent share of outlays		57,739		10,765		68,504						
c. Federa	share of outlays		57,739		10,765		68,504						
d. Total u	nliquidated obligations						67,409						
	ent share of unliquidated obligation						0						
	I share of unliquidated obligation	\$					67,409						
	ederal share (Sum of lines c and f)						135,913						
	ederal funds authorized for this f						135,913						
i. Officing	aleg balance of recetal lungs	(Line h minus line g)					0						
11. Indirect Expense	a. Type of Rate (Ptace "X [] Provisional	(" in appropriate box) [ ] Predetermined	[] Final		[X]Fixed								
Схрепве	b. Rate	c. Base	d. Total Amount		e. Federal Sh	are							
12. Remarks: legislation.	Attach any explanations deeme	d necessary or information n	] equired by Federal spons	soring ageno	cy in compliance	e with governing							
13. Certificati	on: I certify to the best of my unliquidated obligation:	knowledge and belief that is are for the purpose set for	•	•	and that all o	utlays and							
ALB	ited Name and Title ERTO A. LAMORENA V, DIRE neu of Statistics and Plans	CTOR		Telephone	,	mber and extension) 371- 472 -4201							
Signature of	Authorized Certifying-Official		Date Repo	APR 2 8 2009									

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Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

(Short Form)

Federal Agency and C Element to which Rep	2. Grant or Award N	iumber A	ussigned by (	OJP		OMS Appr No.	oval	Page	ø		
U.S Dept. of Justice		2 <b>008-</b> DJH	8X-005	8			1121-026 Expires: 0		1	1 pages	
<ol> <li>Recipient Organization Guarn Bureau of Stat P.O. Box 2960 Hagatna, GU 96932-</li> </ol>	istics and Plans	idress, including ZIP code	<b>s</b> )								
4. Vendor Number	5. Recipient interna	code or identifying Numb	per (if an	у)	6. Final Rep	port	······································	7. Basas			
980017947	5101H08092	DEI108				Yes	K No	(	ash X	Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) To: (Month, Dey, Year) 10/01/2007 09/30/2011					9. Period Covered by this Report From: (Month, Day, Year)  01/01/2009  03/31/2009						
10. Transactions:				Previou	i sly Reported		II This Period		HI Cumulative		
a. Total outlays					\$0.0	00		\$0.00		\$0.00	
b. Recipient Share of o	utlays	\$0.00 \$0.00				\$0.00	\$0.00				
c. Federal share of out	ays				\$0.0	20		\$0.00	\$0.00		
d. Total unliquidated of	rigetions									335,946.00	
e. Recipient share of u	viiquidated abligations									\$0.00	
t. Federal share of unlik	quidated obligations								\$	335,946.00	
g. Fotal Federal share	Sum of Lines c and f)									335,946.00	
h. Total Federal funds i	suthorized for this funding	g period							\$	373,273.00	
i. Unobligated balance	of Federal funds (Line h	minus Line g)								\$37,327.00	
11. Indirect & Tyl Expense	pe of Rate (place "x" in a	proppriate box)  Provisional	Pre	determine	rd ;	Final		Fixed			
b. Ra	~	c. Base			d. Total Amo			e. Feder	al Share		
	0.00%		\$0.00			\$0.00	3		\$0.00		
2. Remarks: attach any			quired by	PROGRAM	onsoring agenc						
<ol> <li>Block/Formula passithre</li> <li>Federal Funds Subgrar</li> </ol>	-		l	C. Forfelt \$0.00 D. Other \$0.00 E. Expended \$0.00 F. Unexpended \$0.00							
3. Certification I certify		ige and belief that this rep	port is co		· · · · · · · · · · · · · · · · · · ·			<u> </u>			
r Printed Name and	itle		<del></del> -		<b>j</b> 1	elephone	(Area cod	ie, number a	and extensio	n)	
ALBERTO A. LAMO Bureau of Statistics	RENA V, DIRECTO	R				,		1- 671- 47		•	
re of Authorized Certif	ying Official /				1	Date Repo	rt Submit	ed			
		L				A	PR 2	8 2009	3		

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Prescribed by OMB Circulars A-102 and A-110

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(Short Form) (Follow instructions on the back) 1. Federal Agency and Organizational Element 2. Federal Grant or Other Identifying Number Assigned OMB Approval Page of to Which Report is Submitted By Federal Agency No. 1121-0264 1/1 2008-DJ-BX-0058 U.S. Department of Justice Office of Justice Programs pages 2007 Byrne Justice Assistance Grant 3. Recipient Organization (Name and complete address, including ZIP code) **BUREAU OF STATISTICS AND PLANS QUARTERLY REPORT** P.O. BOX 2950 HAGATNA, GUAM 96932 4. Employer Identification Number 5. Recipient Account Number or Identifying Number 6. Final Report 7. Basis 98-0017947 5101H080920El108 [ ] YES [ X] NO []Cash [X]Accrual 8. Funding/Grant Period (See Instructions) 9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) From: (Month, Day, Year) To: (Month, Day, Year) 10/1/2007 9/30/2011 01/1/2009 03/31/2009 10. Transactions: 111 This Previously Cumulative Reported Period a. Total outlays 0 O b. Recipient share of outlays 0 0 0 c. Federal share of outlays O 0 0 d. Total unliquidated obligations 335,946 e. Recipient share of unliquidated obligations 0 f. Federal share of unliquidated obligations 335,948 g. Total Federal share (Sum of lines c and f) 335,946 h. Total Federal funds authorized for this funding period 373,273 Unobligated balance of Federal funds (Line h minus line g) 37,327 a. Type of Rate (Place "X" in appropriate box) [] Final [X] Fixed 11. Indirect [ ] Provisional [ ] Predetermined Expense c. Base d. Total Amount e. Federal Share 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing iegislation. 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outleys and unliquidated obligations are for the purpose set forth in the award documents. Typed or Printed Name and Title Telephone (Area code, number and extension) ALBERTO A. LAMORENA V, DIRECTOR **Bureau of Statistics and Plans** 1- 671- 472 -4201

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

APR 2 8 2009

Date Report Submitted



Signature of Authorized Certifying Official