

BUREAU OF STATISTICS AND PLANS

Government of Guam



Felix P. Camacho
Governor of Guam

P.O. Box 2950 Hagåtña, Guam 96932

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Michael W. Cruz, M.D.
Lieutenant Governor

Alberto "Tony" Lamorena V
Director

APR 29 2009

2009 APR 30 PM 3:29 me

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

36-09-0556
Office of the Speaker
Judith T. Won Pat, Ed. D.

Date: 4/30/09
Time: 2p-
Received by: [Signature]

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

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*.

Attached, please find the following reports:

1. FY 2009 Budget and Expenditure Report as of 03/31/09 (General Fund)
2. Staffing Patterns as of December 31, 2008 (Local and Federal Funded)
3. Financial Status Reports for federal grants the Bureau administers, and which the 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

Account Number	Object Class	Object Code	Appropriation	Y-T-D Allotment	Y-T-D Exp./Enc.	Funds Available:	*-Per payperiod Expenditure	Total proj. Req. for rem. of FY 2009	**-Anticipated Lapses/Shortfall	Unallotted Balance:
PERSONNEL SERVICES										
<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
5100A090900GA001-113	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
<u>Planning Information Program</u>										
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
<u>Socio-Economic Planning Program</u>										
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
<u>Chief Economist's Office</u>										
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 *
<u>Business & Economic Statistics Program</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	Supplies	240	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5100A090900GA001-250	Equipment	250	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5100A090900GA001-271	Drug-Test	271	\$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
<u>Chief Economist's Office</u>										
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	B	C	D	E	F	G	H	I	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					0.00	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					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:

FISCAL YEAR 2009
PROJECTED REQUIREMENTS
As of: March 31, 2009

Department: BUREAU OF STATISTICS AND PLANAS
Division: PLANNING INFORMATION PROGRAM
Account No.: 5100A090910SE004

A	B	C	D	E	F	G	H	I	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					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	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)

**FISCAL YEAR 2009
PROJECTED REQUIREMENTS
As of: March 31, 2009**

Department: BUREAU OF STATISTICS AND PLANS
 Division: SOCIO-ECONOMIC PLANNING PROGRAM
 Account No.: 5100A090920SE005

A	B	C	D	E	F	G	H	I	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)

FISCAL YEAR 2009
PROJECTED REQUIREMENTS
As of: March 31, 2009

Department: BUREAU OF STATISTICS AND PLANS
Division: BUSINESS AND ECONOMIC STATISTICS PROGRAM
Account No.: 5100A090932EI001

A	B	C	D	E	F	G	H	I	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)

FISCAL YEAR 2009
PROJECTED REQUIREMENTS
As of: March 31, 2009

Department: BUREAU OF STATISTICS AND PLANS
Division: ADMINISTRATION
Account No.: 5100A090900GA001

A	B	C	D	E	F	G	H	I	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	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					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					0.00	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					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)

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

[BBMR SP-1]

FUNCTIONAL AREA: EXECUTIVE DIRECTION
AGENCY: BUREAU OF STATISTICS AND PLANS
PROGRAM: ADMINISTRATION
FUND: SUMMARY
Ratio: 100% GENERAL FUND

Input by Department										Input by Department											
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)		(I)	(J)	(K)	(L)	(M)	(N)		(O)	(P)		(Q)	(R)	(S)
No.	Position Number	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Special*	Increment		(E+F+G+I) Subtotal	Retirement (J*25.20%)	Retire (DDI) (\$15.52*26PP)	Social Security (6.2% * J)	Benefits		Life 174	Medical (Premium)	Dental (Premium)	Total Benefits (K thru Q)	(J + R) TOTAL	
								Date	(E*Amount)					Medicare (1.45%*J)	\$						
1	ADM001	Director	Alberto A. Lamorena V	LL3(T-8)	\$ 75,208	\$ -	\$ -			\$ 75,208	\$ 18,952	\$ -	\$ -	\$ 1,091	\$	174	\$ 3,164	\$ 385	\$ 23,766	\$ 98,974	
2	ADM002	Chief Planner	Machelle A.C. Leon Guerrero	P-17	\$ 70,324	\$ -	\$ -	4/28/2009	\$ 947	\$ 71,271	\$ 17,960	\$ -	\$ -	\$ -	\$	174	\$ 3,164	\$ 385	\$ 21,683	\$ 92,954	
3	ADM004	WP Secretary II	Therese C. Aguon	H-15	\$ 35,585	\$ -	\$ -	2/27/2011		\$ 35,585	\$ 8,967	\$ -	\$ -	\$ -	\$	174	\$ 3,164	\$ 385	\$ 12,690	\$ 48,275	
4	ADM006	Admin. Officer	Terry L. Cuabo	L-10	\$ 39,780	\$ -	\$ -	12/8/2010		\$ 39,780	\$ 10,025	\$ 404	\$ -	\$ 577	\$	174	\$ 3,164	\$ 385	\$ 14,728	\$ 54,508	
5	ADM008	Administrative Assistant	Marylou S. Gogo	J-14	\$ 39,491	\$ -	\$ -	2/15/2010		\$ 39,491	\$ 9,952	\$ -	\$ -	\$ 573	\$	174	\$ 3,164	\$ 385	\$ 14,247	\$ 53,738	
6	ADM003	Private Secretary	VACANT	I-08	\$ -	\$ -	\$ -			\$ -	\$ -	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$ -	\$ -	
Grand Total:					\$ 260,388	\$ -	\$ -		\$ 947	\$ 261,335	\$ 65,856	\$ 404	\$ -	\$ 2,240	\$	870	\$ 18,755	\$ 1,925	\$ 87,115	\$ 348,450	

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

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

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: PLANNING INFORMATION PROGRAM

FUND: SUMMARY

Ratio: 100% GENERAL FUND

Input by Department										Input by Department											
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)		(I)	(J)	(K)	(L)	(M)	(N)			(O)	(P)	(Q)	(R)	(S)
No.	Position Number	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Special*	Increment		(F+G+H+J) Subtotal	Retirement (K * 25.20%)	Retire (DDI) (\$15.52*26PP*E)	Social Security (6.2% * K)	Benefits			Life 174 * E	Medical (Premium * E)	Dental (Premium * E)	Total Benefits (L thru R)	(K + S) TOTAL
								Date	(E*Amount)					Medicare (1.45%*K)	Life	Medical					
1	PIP004	Planner III	Calvin A. Saruwatari	N-15	\$ 55,341	\$ -	\$ -	7/11/2009	\$ 447	\$ 55,788	\$ 14,059	\$ -	\$ -	\$ 809	\$ 174	\$ 1,380	\$ 180	\$ 16,602	\$ 72,390		
2	PIP005	Planner III	Monica J. Guerrero	M-15	\$ 51,092	\$ -	\$ -	1/9/2011	\$ -	\$ 51,092	\$ 12,875	\$ 404	\$ -	\$ 741	\$ 174	\$ 1,380	\$ 180	\$ 15,754	\$ 66,846		
3	PIP007	Planner III	Janet A. Quitugua	N-15	\$ 55,341	\$ -	\$ -	12/21/2010	\$ -	\$ 55,341	\$ 13,946	\$ -	\$ -	\$ 802	\$ 174	\$ 1,838	\$ 231	\$ 16,991	\$ 72,332		
4	PIP009	Data Control Clerk II	Peter P. Leon Guerrero	F-6	\$ 22,926	\$ -	\$ -	8/11/2009	\$ 882	\$ 23,808	\$ 6,000	\$ -	\$ -	\$ 345	\$ 174	\$ 3,164	\$ 385	\$ 10,068	\$ 33,876		
Grand Total:					\$ 184,700	\$ -	\$ -		\$ 1,329	\$ 186,029	\$ 46,879	\$ 404	\$ -	\$ 2,697	\$ 696	\$ 7,762	\$ 976	\$ 59,415	\$ 245,444		

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

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

[BBMR SP-1]

FUNCTIONAL AREA: EXECUTIVE DIRECTION
 AGENCY: BUREAU OF STATISTICS AND PLANS
 PROGRAM: SOCIO-ECONOMIC PLANNING PROGRAM
 FUND: SUMMARY
 Ratio: 100% GENERAL FUND

Input by Department										Input by Department										
No.	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)		(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)
	Position Number	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Special*	Increment			(F+G+H+J) Subtotal	Retirement (K * 25.20%)	Retire (DDI) (\$15.52*26PP*E)	Social Security (6.2% * K)	Benefits		Medical (Premium * E)	Dental (Premium * E)	Total Benefits (L thru R)	(K + S) TOTAL
								Date	(E*Amount)						Life 1174 * E					
1	SOC007	Planner III	Mildred B. Erguiza	M-14	\$49,364	0	0	1/13/2011	\$ -		49,364	\$12,440	0	0	\$716	174	3,606	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	\$174		\$0	\$0	\$14,289	\$70,300
Grand Total:					\$104,705	\$0	\$0		\$671		\$105,376	\$26,555	\$0	\$0	\$716	\$348	\$3,606	\$414	\$31,638	\$137,014

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

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

[BBMR SP-1]

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: BUSINESS & ECONOMIC STATISTICS PROGRAM

FUND: SUMMARY

Ratio: 100% GENERAL FUND

Input by Department										Input by Department												
No.	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)		(J)	(K)	(L)	(M)	(N)			(O)	(P)		(Q)	(R)	(S)
	Position Number	Position Title	Name of Incumbent	Grade/ Step	Salary	Overtime	Special*	Increment		(F+G+H+J) Subtotal	Retirement (K * 25.20%)	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			
1	BES-001	Statistician II	Edwin S. Verzosa**	J-12	\$ 36,865	\$ -	\$ -	12/17/2010	\$ -	\$ 36,865	\$ 9,290	\$ -	\$ -	\$ -	\$ 174	\$ 3,164	\$ 413	\$ 13,041	\$ 49,906			
2	BES-002	Data Control Clerk II	James W. Cushing, Jr.	F-9	\$ 25,571	\$ -	\$ -	9/2/2009	\$ -	\$ 25,571	\$ 6,444	\$ 404	\$ -	\$ 371	\$ 174	\$ 1,380	\$ 180	\$ 8,953	\$ 34,524			
3	BES-003	Statistical Technician II	VACANT	F-1	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
4	BES-004	Statistical Technician II	Bertha M. Toves**	F-14	\$ 30,355	\$ -	\$ -	4/21/2010	\$ -	\$ 30,355	\$ 7,649	\$ -	\$ -	\$ 440	\$ 174	\$ 3,164	\$ 385	\$ 11,813	\$ 42,168			
5	BES-005	Statistician I	Antonette Pitter**	I-12	\$ 34,368	\$ -	\$ -	6/17/2010	\$ -	\$ 34,368	\$ 8,661	\$ 404	\$ -	\$ 498	\$ 174	\$ 3,606	\$ 385	\$ 13,728	\$ 48,096			
6	BES-006	Statistician II	Selina C. Tenorio	J-09	\$ 33,266	\$ -	\$ -	2/4/2010	\$ -	\$ 33,266	\$ 8,383	\$ -	\$ -	\$ -	\$ 174	\$ 1,838	\$ 231	\$ 10,626	\$ 43,892			
7	BES-007	Statistical Technician I	VACANT	E-1	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
8	BES-010	Statistical Technician I	VACANT	E-8	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
9	BES-011	Planning Technician I	Gloria T. Ponce**	H-10	\$ 29,962	\$ -	\$ -	3/2/2010	\$ -	\$ 29,962	\$ 7,550	\$ -	\$ -	\$ 434	\$ 174	\$ 2,233	\$ 270	\$ 10,662	\$ 40,624			
10	BES-012	Statistical Technician I	Marietta Balastro**	E-10	\$ 24,984	\$ -	\$ -	11/12/2009	\$ -	\$ 24,984	\$ 6,296	\$ -	\$ -	\$ 362	\$ 174	\$ 2,233	\$ 270	\$ 9,335	\$ 34,319			
11	BES-013	Chief Economist	Albert M. Perez	Q-7	\$ 54,475	\$ -	\$ -	9/5/2010	\$ -	\$ 54,475	\$ 13,728	\$ -	\$ -	\$ 790	\$ 174	\$ 2,233	\$ 385	\$ 17,310	\$ 71,785			
			Grand Total:		\$269,846	\$0	\$0		\$0	\$269,846	\$68,001	\$808	\$0	\$2,896	\$1,392	\$19,851	\$2,519	\$95,467	\$365,313			

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

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

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

FUND: SUMMARY

Ratio: 100% Federally Funded

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

[BBMR SP-1]

No.	Input by Department										Input by Department									
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	
	Position Number	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Special*	Increment		(F+G+H+J) Subtotal	Retirement (K * 25.20%)	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	
Date	(E*Amount)																			
1	IFA001	Keypunch Operator I		E-1	\$ 16,656	\$ -	\$ -			\$ 16,656	\$ 1,512	\$ 404	\$ -	\$ 242	\$ 174	\$ 3,164	\$ 385	\$ 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	

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

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

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

No.	Input by Department										Input by Department									
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	
	Position Number	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Special*	Increment		(F+G+H+J) Subtotal	Retirement (K*25.20%)	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	
							Date	(E*Amount)												
1	BYRNE001	Planner III	Lola E. Leon Guerrero	M-13	\$ 47,695	\$ -	\$ -	1/29/2010	\$ -	\$ 47,695	\$ 12,019	\$ -	\$ -	\$ 692	\$ 174	\$ 3,164	\$ 385	\$ 16,434	\$ 64,129	
2	BYRNE003	Administrative Assistant	Julie Rose U. Nededog	J-10	\$ 34,414	\$ -	\$ -	8/10/2010	\$ -	\$ 34,414	\$ 8,672	\$ -	\$ -	\$ 499	\$ 174	\$ 3,164	\$ 385	\$ 12,894	\$ 47,308	
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			Grand Total:		\$ 82,109	\$ -	\$ -		\$ -	\$ 82,109	\$ 20,691	\$ -	\$ -	\$ 1,191	\$ 348	\$ 6,328	\$ 770	\$ 29,328	\$ 111,437	

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

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

[BBMR SP-1]

FUNCTIONAL AREA: EXECUTIVE DIRECTION
AGENCY: BUREAU OF STATISTICS AND PLANS
PROGRAM: GUAM COASTAL MANAGEMENT PROGRAM
FUND: SUMMARY
Ratio: 100% FEDERALLY FUND

Input by Department										Input by Department									
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)		(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)
No.	Position Number	Position Title	Name of Incumbent	Grade/ Step	Salary	Overtime	Special*	Increment		Subtotal	Benefits					Medical (Premium * E)	Dental (Premium * E)	Total Benefits (L thru R)	(K + S) TOTAL
								Date	(E*Amount)		Retirement (K * 25.20%)	Retire (DDI) (\$15.52*26PP*E)	Social Security (6.2% * K)	Medicare (1.45% * K)	Life 174 * E				
1	GCMP001	Administrator	Evangeline C.D. Lujan	P-16	\$ 67,946	\$ -	\$ -	5/17/2010	\$ -	\$ 67,946	\$ 17,122	\$ -	\$ -	\$ 985	\$ 174	\$ 3,164	\$ 385	\$ 21,831	\$ 89,777
2	GCMP002	Planner III	Amelia DeLeon	M-14	\$ 49,364	\$ -	\$ -	8/1/2009	\$ 266	\$ 49,630	\$ 12,507	\$ -	\$ -	\$ 720	\$ 174	\$ 3,606	\$ 385	\$ 17,391	\$ 67,021
3	GCMP003	Planner II	Raymond V.C. Caseres	M-15	\$ 51,092	\$ -	\$ -	1/9/2011	\$ -	\$ 51,092	\$ 12,875	\$ -	\$ -	\$ 741	\$ 174	\$ 3,164	\$ 385	\$ 17,339	\$ 68,431
4	GCMP004	Program Coordinator III	Thomas I. Quinata	M-14	\$ 49,364	\$ -	\$ -	11/20/2010	\$ -	\$ 49,364	\$ 12,440	\$ -	\$ -	\$ 710	\$ 174	\$ 1,380	\$ 180	\$ 14,884	\$ 64,248
5	GCMP005	Planner III	Esther G. Taitague	M-11	\$ 44,524	\$ -	\$ -	9/4/2010	\$ -	\$ 44,524	\$ 11,220	\$ -	\$ -	\$ 646	\$ 174	\$ 1,838	\$ 231	\$ 14,109	\$ 58,633
6	GCMP007	Planner III	Teresita M. Perez	M-13	\$ 47,695	\$ -	\$ -	9/29/2009	\$ -	\$ 47,695	\$ 12,019	\$ -	\$ -	\$ 692	\$ 174	\$ 3,164	\$ 385	\$ 16,434	\$ 64,129
8	GCMP010	Administrative Assistant	Nydia H. Llarenas	J-10	\$ 34,414	\$ -	\$ -	2/27/2010	\$ -	\$ 34,414	\$ 8,672	\$ -	\$ -	\$ 499	\$ 174	\$ 2,233	\$ 231	\$ 11,809	\$ 46,223
9	GCMP011	Planner II	VACANT	L-1	\$ 26,520	\$ -	\$ -		\$ -	\$ 26,520	\$ 6,683	\$ -	\$ -	\$ 385	\$ 174	\$ 3,606	\$ 413	\$ 11,261	\$ 37,781
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

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

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

[BBMR SP-1]

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											Input by Department								
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)		(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)
No.	Position Number	Position Title	Name of Incumbent	Grade/ Step	Salary	Overtime	Special*	Increment		(F+G+H+J) Subtotal	Retirement (K * 25.20%)	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
								Date	(E * Amount)										
1	LUP001	GIS Manager	Victor Torres	O-11	\$ 52,492	\$ -	\$ -	6/27/2010	\$ -	\$ 52,492	\$ 13,228	\$ -	\$ -	\$ 761	\$ 174	\$ 1,247	\$ 270	\$ 15,680	\$ 68,172
2	LUP002	Planner II	Timothy Semuda	L-8	\$ 37,128	\$ -	\$ -	7/23/2010	\$ -	\$ 37,128	\$ 9,356	\$ 404	\$ -	\$ 538	\$ 174	\$ 3,164	\$ 385	\$ 14,022	\$ 51,150
3	LUP003	GIS Mapping Technician	VACANT	I-1	\$ 21,389	\$ -	\$ -		\$ -	\$ 21,389	\$ 5,390	\$ 404	\$ -	\$ 310	\$ 174	\$ 3,197	\$ 385	\$ 9,860	\$ 31,249
Grand Total:					\$ 111,009	\$ -	\$ -		\$ -	\$ 111,009	\$ 27,974	\$ 808	\$ -	\$ 1,610	\$ 522	\$ 7,608	\$ 1,040	\$ 39,562	\$ 150,571

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

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

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: CORAL REEF INITIATIVE

FUND: SUMMARY

Ratio: 100% Federally Funded under CRI Grant

Input by Department											Input by Department									
No.	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)		(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)
	Position Number	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Special*	Increment			(F+G+H+J) Subtotal	Retirement (K*25.20%)	Retire (DDI) (\$15.52*26PP*E)	Social Security (6.2% * K)	Benefits			Medical (Premium * E)	Dental (Premium * E)	Total Benefits (L thru R)
								Date	(E*Amount)											
1	GCMPO12	Special Project Coordinator	David R. Burdick	M-7	\$ 38,716	\$ -	\$ -		\$ -	\$ 38,716	\$ 9,756	\$ 404	\$ -	\$ 561	\$ 174	\$ 1,380	\$ 180	\$ 12,456	\$ 51,172	
2	CRI-001	Program Coordinator 1	Vacant	K-1	\$ 24,656					\$ 24,656	\$ 6,213	\$ 404		\$ 358	\$ 174	\$ 1,380	\$ 180	\$ 8,418	\$ 33,074	
				Grand Total:	----	\$ 63,372	\$ -	\$ -	----	\$ -	\$ 63,372	\$ 15,970	\$ 808	\$ -	\$ 919	\$ 348	\$ 2,760	\$ 360	\$ 20,874	\$ 84,246

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

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

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

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


FUND: SUMMARY

Ratio: 100% Federally Funded

Input by Department										Input by Department										
No.	(A) Position Number	(B) Position Title	(C) Name of Incumbent	(D) Grade/Step	(E) Salary	(F) Overtime	(G) Special*	(H) Increment		(J) Subtotal	(K) Retirement (K * 25.20%)	(L) Retire (DD1) (\$15.52*26PP*E)	(M) Social Security (6.2% * K)	(N) Benefits			(P) Medical (Premium * E)	(Q) Dental (Premium * E)	(R) Total Benefits (L thru R)	(S) (K + S) TOTAL
								Date	(E*Amount)					Medicare (1.45%*K)	Life 174 * E					
1	GDDC001	Director, DDC	Manuel Cruz	P-10	\$55,274	\$0	\$0		\$0	\$55,274	\$13,929	\$404	\$0	\$801	\$174	\$2,233	\$270	\$17,812	\$73,086	
2	GDDC002	Program Coordinator IV	Marie C. Tedtaotao-Libria	N-7	41,936	0	0	4/29/2009	598	42,534	\$10,718	0	0	\$617	\$174	\$3,606	\$413	15,528	58,062	
3	GDDC004	Program Coordinator I	Kristina C. Perez	K-2	26,197	0	0	1/21/2010	\$ -	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	\$0	\$1,798	\$522	\$9,445	\$1,096	\$44,918	\$168,923	

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

FINANCIAL STATUS REPORT (Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)	2. Grant or Award Number Assigned by OJP 2008-CD-BX-0008	OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages
3. 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 980017947	5. Recipient internal code or identifying Number (if any) 5101E090933PA101	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) To: (Month, Day, Year) 10/01/2008 09/30/2009		9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) 01/01/2009 03/31/2009		
10. Transactions:	I Previously Reported	II This Period	III Cumulative	
a. Total outlays	\$0.00	\$0.00	\$0.00	
b. Recipient Share of outlays	\$0.00	\$0.00	\$0.00	
c. Federal share of outlays	\$0.00	\$0.00	\$0.00	
d. Total unliquidated obligations			\$0.00	
e. Recipient share of unliquidated obligations			\$0.00	
f. Federal share of unliquidated obligations			\$0.00	
g. Total Federal share (Sum of Lines c and f)			\$0.00	
h. Total Federal funds authorized for this funding period			\$99,337.00	
i. Unobligated balance of Federal funds (Line h minus Line g)			\$99,337.00	
11. Indirect Expense	a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
	b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00	e. Federal Share \$0.00
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.				
A. Block/Formula passthrough \$0.00 B. Federal Funds Subgranted \$0.00		PROGRAM INCOME: C. Forfeit \$0.00 D. Other \$0.00 E. Expended \$0.00 F. Unexpended \$0.00		
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 obligations are for the purposes set forth in the award documents.				
Typed or Printed Name and Title Mr. Alberto A Lamona Director			Telephone (Area code, number and extension) (671) 472-4201	
Signature of Authorized Certifying Official 			Date Report Submitted 04/28/2009	

DOJ Standard Form 269a (REV 2002)

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May 2005

Handwritten initials/signature


FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice Office of Justice Programs	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2008-CD-BX-0008 2008 Paul Coverdell Forensic Imp. Grant	OMB Approval No. 1121-0284	Page of 1 / 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 98932			
4. Employer Identification Number 98-0017947		5. Recipient Account Number or Identifying Number 5101E090933PA101	
6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/08		To: (Month, Day, Year) 09/30/09	
9. Period Covered by this Report From: (Month, Day, Year) 01/1/2009		To: (Month, Day, Year) 03/31/2009	
10. Transactions:			
	I Previously Reported	II This Period	III Cumulative
a. Total outlays	0	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)			0
h. Total Federal funds authorized for this funding period			99,337
i. Unobligated balance of Federal funds (Line h minus line g)			99,337
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed		
	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 legislation.			
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		Telephone (Area code, number and extension) 1- 671- 472 -4201	
Signature of Authorized Certifying Official 		Date Report Submitted APR 28 2009	

FINANCIAL STATUS REPORT (Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)		2. Grant or Award Number Assigned by OJP 2008-DJ-BX-0735		OMB Approval No. 1121-0264 <small>Expires: 01/3/2006</small>	Page 1	of 1 <small>pages</small>
3. 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 980017947		5. Recipient internal code or identifying Number (if any) 5101H090920E1108		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/2007 To: (Month, Day, Year) 09/30/2011			9. Period Covered by this Report From: (Month, Day, Year) 01/01/2009 To: (Month, Day, Year) 03/31/2009			
10. Transactions:			I Previously Reported	II This Period	III Cumulative	
a. Total outlays			\$0.00	\$0.00	\$0.00	
b. Recipient Share of outlays			\$0.00	\$0.00	\$0.00	
c. Federal share of outlays			\$0.00	\$0.00	\$0.00	
d. Total unliquidated obligations					\$22,662.00	
e. Recipient share of unliquidated obligations					\$0.00	
f. Federal share of unliquidated obligations					\$22,662.00	
g. Total Federal share (Sum of Lines c and f)					\$22,662.00	
h. Total Federal funds authorized for this funding period					\$25,179.00	
i. Unobligated balance of Federal funds (Line h minus Line g)					\$2,517.00	
11. Indirect Expense		a. Type of Rate (place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
		b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00	e. Federal Share \$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/Formule passthrough		\$0.00	C. Forfeit		\$0.00	D. Other \$0.00
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended \$0.00
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 obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title Mr. Alberto A Lamorena Director				Telephone (Area code, number and extension) (671) 472-4201		
Signature of Authorized Certifying Official 				Date Report Submitted 04/28/2008		

DOJ Standard Form 269e (REV 2002)

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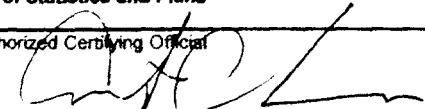
May 2005

4/27/08

FINANCIAL STATUS REPORT


(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice Office of Justice Programs	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2008-DJ-BX-0735 <small>2008 Byrne Justice Assistance Grant Sup</small>	OMB Approval No. 1121-0264	Page of 1 / 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 </div> <div style="width: 35%; text-align: right;"> QUARTERLY REPORT </div> </div>			
4. Employer Identification Number 98-0017947	5. Recipient Account Number or Identifying Number 5101H090920E108	6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 10/1/2007	To: (Month, Day, Year) 9/30/2011	9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) 01/1/2009 03/31/2009	
10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	0	0	0
b. Recipient share of outlays	0	0	0
c. Federal share of outlays	0	0	0
d. Total unliquidated obligations			22,662
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			22,662
g. Total Federal share (Sum of lines c and f)			22,662
h. Total Federal funds authorized for this funding period			25,179
i. Unobligated balance of Federal funds (Line h minus line g)			2,517
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed		
	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 legislation.			
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		Telephone (Area code, number and extension) 1- 671- 472-4201	
Signature of Authorized Certifying Official 		Date Report Submitted APR 28 2009	

Handwritten initials/signature

FINANCIAL STATUS REPORT (Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)		2. Grant or Award Number Assigned by OJP 2007-RT-BX-0056		OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans P. O. Box 2950 Hagatna, GU 96932-						
4. Vendor Number 980017947		5. Recipient internal code or Identifying Number (if any) 5101H070920SE107		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/2006 To: (Month, Day, Year) 09/30/2010			9. Period Covered by this Report From: (Month, Day, Year) 01/01/2009 To: (Month, Day, Year) 03/31/2009			
10. Transactions:			I Previously Reported	II This Period	III Cumulative	
a. Total outlays			\$0.00	\$0.00	\$0.00	
b. Recipient Share of outlays			\$0.00	\$0.00	\$0.00	
c. Federal share of outlays			\$0.00	\$0.00	\$0.00	
d. Total unliquidated obligations					\$0.00	
e. Recipient share of unliquidated obligations					\$0.00	
f. Federal share of unliquidated obligations					\$0.00	
g. Total Federal share (Sum of Lines c and f)					\$0.00	
h. Total Federal funds authorized for this funding period					\$38,567.00	
i. Unobligated balance of Federal funds (Line h minus Line g)					\$38,567.00	
11. Indirect Expense		a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
		b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00	e. Federal Share \$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
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended
					\$0.00	
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 obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title Mr. Alberto A Lamorena Director				Telephone (Area code, number and extension) (671) 472-4201		
Signature of Authorized Certifying Official 				Date Report Submitted 04/28/2009		

DOJ Standard Form 269a (REV 2002)

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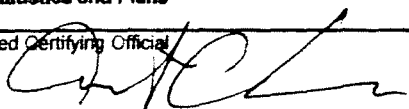
May 2005

Q 4/28/09

FINANCIAL STATUS REPORT

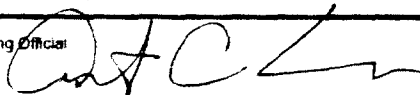
(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice Office of Justice Programs	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-RT-BX-0058 2007 RSAT	OMB Approval No. 1121-0264 Expires: 01/31/2008	Page of 1 / 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 QUARTERLY REPORT			
4. Employer Identification Number 98-0017947	5. Recipient Account Number or Identifying Number 5101H070920SE107	6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/1/2006	To: (Month, Day, Year) 9/30/2010	9. Period Covered by this Report From: (Month, Day, Year) 01/01/2009 To: (Month, Day, Year) 03/31/2009	
10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	0	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)			0
h. Total Federal funds authorized for this funding period			38,567
i. Unobligated balance of Federal funds (Line h minus line g)			38,567
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed		
	b. Rate	c. Base	d. Total Amount
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.			
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		Telephone (Area code, number and extension) 1- 671- 472-4201	
Signature of Authorized Certifying Official 		Date Report Submitted APR 28 2009	

Quilpa

FINANCIAL STATUS REPORT (Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)		2. Grant or Award Number Assigned by OJP 2007-CD-BX-0061		OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages
3. 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 980017947		5. Recipient internal code or identifying Number (if any) 5101E080933PA101		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/2007			To: (Month, Day, Year) 09/30/2009			
9. Period Covered by this Report From: (Month, Day, Year) 01/01/2009			To: (Month, Day, Year) 03/31/2009			
10. Transactions:		I Previously Reported	II This Period	III Cumulative		
a. Total outlays		\$5,556.00	\$0.00	\$5,556.00		
b. Recipient Share of outlays		\$0.00	\$0.00	\$0.00		
c. Federal share of outlays		\$5,556.00	\$0.00	\$5,556.00		
d. Total unliquidated obligations				\$86,888.00		
e. Recipient share of unliquidated obligations				\$0.00		
f. Federal share of unliquidated obligations				\$86,888.00		
g. Total Federal share (Sum of Lines c and f)				\$92,442.00		
h. Total Federal funds authorized for this funding period				\$96,594.00		
i. Unobligated balance of Federal funds (Line h minus Line g)				\$4,152.00		
11. Indirect Expense		a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
		b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00	e. Federal Share \$0.00	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
A. Block/Formula passthrough \$0.00			PROGRAM INCOME:			
B. Federal Funds Subgranted \$0.00			C. Forfeit \$0.00		D. Other \$0.00	
			E. Expended \$0.00		F. Unexpended \$0.00	
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 obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title Mr. Alberto A Lamorena Director				Telephone (Area code, number and extension) (671) 472-4201		
Signature of Authorized Certifying Official 				Date Report Submitted 04/28/2009		

DOJ Standard Form 269a (REV 2002)

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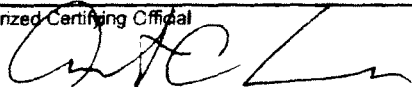
May 2005



FINANCIAL STATUS REPORT

(Short Form)


(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice Office of Justice Programs	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-CD-BX-0061 2007 Paul Coverdell Forensic Imp. Grant	OMB Approval No. 1121-0284	Page of 1 / 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 </div> <div style="width: 35%; text-align: center;"> QUARTERLY REPORT </div> </div>			
4. Employer Identification Number 98-0017947	5. Recipient Account Number or Identifying Number 5101E080933PA101	6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/07	To: (Month, Day, Year) 09/30/09	9. Period Covered by this Report From: (Month, Day, Year) 01/1/2009	To: (Month, Day, Year) 03/31/09
10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	5,556	0	5,556
b. Recipient share of outlays	0	0	0
c. Federal share of outlays	5,556	0	5,556
d. Total unliquidated obligations			86,886
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			86,886
g. Total Federal share (Sum of lines c and f)			92,442
h. Total Federal funds authorized for this funding period			96,594
i. Unobligated balance of Federal funds (Line h minus line g)			4,152
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed		
	b. Rate	c. Base	e. Federal Share
	d. Total Amount		
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.			
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		Telephone (Area code, number and extension) 1- 671- 472 -4201	
Signature of Authorized Certifying Official 		Date Report Submitted APR 28 2009	

Handwritten initials/signature

FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)		2. Grant or Award Number Assigned by OJP 2007-GP-CX-0028		OMB Approval No. 1121-0264 <small>Expires: 01/3/2008</small>	Page 1	of 1 <small>pages</small>
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans P.O. Box 2950 Hagatna, GU 96932-						
4. Vendor Number 980017947		5. Recipient internal code or Identifying Number (if any) 5101H070920SE102		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 09/01/2007 To: (Month, Day, Year) 08/31/2010			9. Period Covered by this Report From: (Month, Day, Year) 01/01/2009 To: (Month, Day, Year) 03/31/2009			
10. Transactions:		I Previously Reported	II This Period	III Cumulative		
a. Total outlays		\$18,680.00	\$0.00	\$18,680.00		
b. Recipient Share of outlays		\$0.00	\$0.00	\$0.00		
c. Federal share of outlays		\$18,680.00	\$0.00	\$18,680.00		
d. Total unliquidated obligations				\$31,951.00		
e. Recipient share of unliquidated obligations				\$0.00		
f. Federal share of unliquidated obligations				\$31,951.00		
g. Total Federal share (Sum of Lines c and f)				\$50,631.00		
h. Total Federal funds authorized for this funding period				\$55,909.00		
i. Unobligated balance of Federal funds (Line h minus Line g)				\$5,278.00		
11. Indirect Expense		a. Type of Rate (place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
		b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00	e. Federal Share \$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
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended
					\$0.00	\$0.00
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 obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title Mr. Alberto A Lamorena Director				Telephone (Area code, number and extension) (671) 472-4201		
Signature of Authorized Certifying Official 				Date Report Submitted 04/28/2009		

DOJ Standard Form 289a (REV 2002)

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May 2005

Handwritten initials/signature

FINANCIAL STATUS REPORT

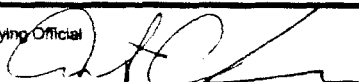
(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice Office of Justice Programs	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-GP-CX-0028 2007 Project Safe Neighborhoods	OMB Approval No. 1121-0264	Page of 1 / 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932			
4. Employer Identification Number 98-0017947	5. Recipient Account Number or Identifying Number 5101H070920SE102	6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 9/1/2007	To: (Month, Day, Year) 8/30/2010	9. Period Covered by this Report From: (Month, Day, Year) 01/1/2009	To: (Month, Day, Year) 03/31/2009
10. Transactions:			
	I Previously Reported	II This Period	III Cumulative
a. Total outlays	18,680	0	18,680
b. Recipient share of outlays	0	0	0
c. Federal share of outlays	18,680	0	18,680
d. Total unliquidated obligations			31,951
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			31,951
g. Total Federal share (Sum of lines c and f)			50,631
h. Total Federal funds authorized for this funding period			55,909
i. Unobligated balance of Federal funds (Line h minus line g)			5,278
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed		
	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 legislation.			
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		Telephone (Area code, number and extension) 1-671-472-4201	
Signature of Authorized Certifying Official 		Date Report Submitted APR 28 2009	

Qupapn

FINANCIAL STATUS REPORT (Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)		2. Grant or Award Number Assigned by OJP 2004-GP-CX-0701		OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans Post Office Box 2950 Hagatna, GU 96932-0000						
4. Vendor Number 980017947		5. Recipient internal code or Identifying Number (if any) 5101H050920SE101		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/2004 To: (Month, Day, Year) 09/30/2009			9. Period Covered by this Report From: (Month, Day, Year) 01/01/2009 To: (Month, Day, Year) 03/31/2009			
10. Transactions:		I Previously Reported	II This Period	III Cumulative		
a. Total outlays		\$324,010.00	\$8,587.00	\$332,597.00		
b. Recipient Share of outlays		\$0.00	\$0.00	\$0.00		
c. Federal share of outlays		\$324,010.00	\$8,587.00	\$332,597.00		
d. Total unliquidated obligations				\$26,769.00		
e. Recipient share of unliquidated obligations				\$0.00		
f. Federal share of unliquidated obligations				\$26,769.00		
g. Total Federal share (Sum of Lines c and f)				\$359,366.00		
h. Total Federal funds authorized for this funding period				\$362,038.00		
i. Unobligated balance of Federal funds (Line h minus Line g)				\$2,672.00		
11. Indirect Expense		a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
		b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00	e. Federal Share \$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
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended
					\$0.00	
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 obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title Mr. Alberto A. Lamorena Director				Telephone (Area code, number and extension) (671) 472-4201		
Signature of Authorized Certifying Official 				Date Report Submitted 04/28/2009		

DOJ Standard Form 269a (REV 2002)

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May 2005

A 4/28/09

FINANCIAL STATUS REPORT


(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice Office of Justice Programs	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2004-GP-CX-0701 2004 Project Safe Neighborhoods	OMB Approval No. 1121-0264	Page of 1 / 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 </div> <div style="width: 35%; text-align: center;"> QUARTERLY REPORT </div> </div>			
4. Employer Identification Number 98-0017947	5. Recipient Account Number or Identifying Number 5101H050920SE101	6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/04	To: (Month, Day, Year) 09/30/09	9. Period Covered by this Report From: (Month, Day, Year) 01/1/2009	To: (Month, Day, Year) 03/31/2009
10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	324,010	8,587	332,597
b. Recipient share of outlays	0	0	0
c. Federal share of outlays	324,010	8,587	332,597
d. Total unliquidated obligations			26,769
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			26,769
g. Total Federal share (Sum of lines c and f)			359,366
h. Total Federal funds authorized for this funding period			362,038
i. Unobligated balance of Federal funds (Line h minus line g)			2,672
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed		
	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 legislation.			
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		Telephone (Area code, number and extension) 1-871-472-4201	
Signature of Authorized Certifying Official 		Date Report Submitted APR 28 2009	


A
4/28/09

FINANCIAL STATUS REPORT (Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)		2. Grant or Award Number Assigned by OJP 2005-RT-BX-0054		OMB Approval No. 1121-0264 <small>Expires: 01/3/2006</small>	Page 1	of 1 <small>pages</small>
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans Post Office Box 2950 Hagatna, GU 96932-2950						
4. Vendor Number 980017947		5. Recipient internal code or Identifying Number (if any) 5101H050920SE107		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/2004 To: (Month, Day, Year) 09/30/2009			9. Period Covered by this Report From: (Month, Day, Year) 01/01/2009 To: (Month, Day, Year) 03/31/2009			
10. Transactions:		I Previously Reported	II This Period	III 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 unliquidated obligations				\$67,409.00		
e. Recipient share of unliquidated obligations				\$0.00		
f. Federal share of unliquidated obligations				\$67,409.00		
g. Total Federal share (Sum of Lines c and f)				\$135,913.00		
h. Total Federal funds authorized for this funding period				\$135,913.00		
i. Unobligated balance of Federal funds (Line h minus Line g)				\$0.00		
11. Indirect Expense		a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
		b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00	e. Federal Share \$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
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended
					\$0.00	\$0.00
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 obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title Mr. Alberto A. Lamorena Director				Telephone (Area code, number and extension) (671) 472-4201		
Signature of Authorized Certifying Official 				Date Report Submitted 04/28/2009		

DOJ Standard Form 269a (REV 2002)

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May 2005

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

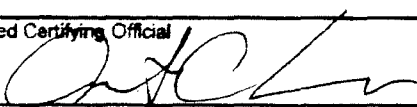
1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice Office of Justice Programs	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2005-RT-BX-0054 2005 RSAT	OMB Approval No. 1121-0264 Expires: 01/31/2008	Page of 1 / 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 </div> <div style="width: 35%; text-align: right;"> QUARTERLY REPORT </div> </div>			
4. Employer Identification Number 98-0017947	5. Recipient Account Number or Identifying Number 5101H050920SE107	6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 10/01/04	To: (Month, Day, Year) 09/30/09	9. Period Covered by this Report From: (Month, Day, Year) 01/01/2009	To: (Month, Day, Year) 03/31/2009
10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	57,739	10,765	68,504
b. Recipient share of outlays	0	0	0
c. Federal share of outlays	57,739	10,765	68,504
d. Total unliquidated obligations	[REDACTED]		67,409
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			67,409
g. Total Federal share (Sum of lines c and f)			135,913
h. Total Federal funds authorized for this funding period			135,913
i. Unobligated balance of Federal funds (Line h minus line g)			0
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed		
	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 legislation.			
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		Telephone (Area code, number and extension) 1- 671- 472 -4201	
Signature of Authorized Certifying Official 		Date Report Submitted APR 28 2009	

@ uka/pa

FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)		2. Grant or Award Number Assigned by OJP 2008-DJ-BX-0058		OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages					
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans P.O. Box 2960 Hagatna, GU 96932-2950											
4. Vendor Number 980017947		5. Recipient internal code or identifying Number (if any) 5101H080920E108		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/2007			To: (Month, Day, Year) 09/30/2011			9. Period Covered by this Report From: (Month, Day, Year) 01/01/2009		To: (Month, Day, Year) 03/31/2009			
10. Transactions:				I Previously Reported	II This Period	III Cumulative					
a. Total outlays				\$0.00	\$0.00	\$0.00					
b. Recipient Share of outlays				\$0.00	\$0.00	\$0.00					
c. Federal share of outlays				\$0.00	\$0.00	\$0.00					
d. Total unliquidated obligations						\$335,946.00					
e. Recipient share of unliquidated obligations						\$0.00					
f. Federal share of unliquidated obligations						\$335,946.00					
g. Total Federal share (Sum of Lines c and f)						\$335,946.00					
h. Total Federal funds authorized for this funding period						\$373,273.00					
i. Unobligated balance of Federal funds (Line h minus Line g)						\$37,327.00					
11. Indirect Expense		a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed									
		b. Rate 0.00%		c. Base \$0.00		d. Total Amount \$0.00		e. Federal Share \$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	
B. Federal Funds Subgranted		\$0.00		E. Expended		\$0.00		F. Unexpended		\$0.00	
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 obligations are for the purposes set forth in the award documents.											

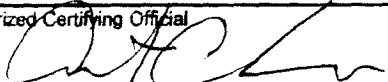
Typed or Printed Name and Title ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans		Telephone (Area code, number and extension) 1-671-472-4201	
Signature of Authorized Certifying Official 		Date Report Submitted APR 28 2009	

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FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice Office of Justice Programs	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2008-DJ-BX-0058 <small>2007 Byrne Justice Assistance Grant</small>	OMB Approval No. 1121-0264	Page of 1 / 1 pages	
3. Recipient Organization (Name and complete address, including ZIP code) <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 </div> <div style="width: 35%; text-align: right;"> QUARTERLY REPORT </div> </div>				
4. Employer Identification Number 98-0017947	5. Recipient Account Number or Identifying Number 5101H080920E108	6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 10/1/2007	To: (Month, Day, Year) 9/30/2011	9. Period Covered by this Report From: (Month, Day, Year) 01/1/2009	To: (Month, Day, Year) 03/31/2009	
10. Transactions:		I Previously Reported	II This Period	
		III Cumulative		
a. Total outlays		0	0	0
b. Recipient share of outlays		0	0	0
c. Federal share of outlays		0	0	0
d. Total unliquidated obligations				335,946
e. Recipient share of unliquidated obligations				0
f. Federal share of unliquidated obligations				335,946
g. Total Federal share (Sum of lines c and f)				335,946
h. Total Federal funds authorized for this funding period				373,273
i. Unobligated balance of Federal funds (Line h minus line g)				37,327
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed			
	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 legislation.				
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			Telephone (Area code, number and extension) 1- 671- 472 -4201	
Signature of Authorized Certifying Official 			Date Report Submitted APR 28 2009	

u/zafer