

# BUREAU OF STATISTICS AND PLANS

(Bureau of Planning)

Government of Guam



Felix P. Camacho  
Governor of Guam

Michael W. Cruz, M.D.  
Lieutenant Governor

P.O. Box 2950 Hagåtña, Guam 96932  
Tel: (671) 472-4201/3  
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Alberto "Tony" Lamorena V  
Director

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

JUL 26 2010

2010 JUL 27 PM 2:52

RE: Submission of FY 2010 3rd Quarter Funding/Expenditure Report

Dear Speaker Won Pat:

Pursuant to Chapter XIII, Section 6 – Reporting Requirements, of Public Law 30-55, we are hereby submitting our *FY 2010 3rd Quarter Funding/Expenditure Report*.

Attached, please find the following reports:

1. FY 2010 Budget and Expenditure Report as of June 30, 2010 (General Fund)
2. Staffing Patterns as of June 30, 2010 (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

30-10-0636  
Office of the Speaker  
Judith T. Won Pat, Ed. D.  
Date 7/27/10  
Time 2:35P  
Received by [Signature]

2138

**FY 2010  
PROJECTION ANALYSIS  
As of June 30, 2010**

Department: BUREAU OF STATISTICS AND PLANS  
 Division: SUMMARY  
 Account No.: 5100A100900GA001

Budget Act(s) (P.L. #) P.L. 30-55  
 YTD Exp & Enc. Date 6/30/2010  
 LABOR COST (PPE #1) 6/6/2010  
 LABOR COST (PPE #2) 6/19/2010  
 Remaining PP 7.4

A	B	C	D	E	F	G	H	I	J	K	L	M
Account Code	Budget Act(s) Appropriations P.L. 30-55	Reserve	FY 2010 Allocations (B-C)	Year to Date Exp. / Encumb. As Of: 6/30/2010	CURRENT Staffing Pattern PP Requirement	Remaining PP Personnel Requirement (Remain. PP x F)	LABOR COST PPE: 6/6/2010	LABOR COST PPE: 6/19/2010	INFORMATIONAL ONLY Avg PP Requirement [(F + G) / 2]	Remaining PP Personnel Requirement (Remain. PP x J)	Other Requirements	Projected Lapse / (Shortfall) [D - (E + G + L)]
111 Salary	814,259	0	814,259	556,696	31,672	234,376	31,672	31,672	31,672	234,376	0	23,187
112 OT	0	0	0	0	0	0	0	0	0	0	0	0
113 Benefits	232,293	0	232,293	151,234	8,691	64,310	8,691	8,690	8,691	64,310	0	16,745
<b>TOTAL PERSVS</b>	<b>1,046,652</b>	<b>0</b>	<b>1,046,652</b>	<b>707,930</b>	<b>40,364</b>	<b>298,690</b>	<b>40,363</b>	<b>40,362</b>	<b>40,363</b>	<b>298,693</b>	<b>0</b>	<b>39,932</b>
220 Travel	0	0	0	0	0	0	0	0	0	0	0	0
230 Contract	2,509	0	2,425	0	0	0	0	0	0	0	2,425	0
233 Rent	20,040	0	20,040	20,040	0	0	0	0	0	0	0	0
240 Supplies	0	0	0	0	0	0	0	0	0	0	0	0
250 Equip.	0	0	0	0	0	0	0	0	0	0	0	0
271 Drug Testing	0	0	0	0	0	0	0	0	0	0	0	0
280 Sub Rec.	0	0	0	0	0	0	0	0	0	0	0	0
290 Misc.	0	0	0	0	0	0	0	0	0	0	0	0
351 Power	0	0	0	0	0	0	0	0	0	0	0	0
362 Water	0	0	0	0	0	0	0	0	0	0	0	0
363 Tele	6,460	0	6,385	4,825	0	0	0	0	0	0	0	0
450 Cap. Out	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL OPERS</b>	<b>29,000</b>	<b>160</b>	<b>28,860</b>	<b>24,866</b>	<b>40,364</b>	<b>298,690</b>	<b>40,363</b>	<b>40,362</b>	<b>40,363</b>	<b>298,693</b>	<b>3,986</b>	<b>0</b>
<b>TOTALS</b>	<b>1,075,652</b>	<b>160</b>	<b>1,075,402</b>	<b>732,796</b>	<b>40,364</b>	<b>298,690</b>	<b>40,363</b>	<b>40,362</b>	<b>40,363</b>	<b>298,693</b>	<b>3,986</b>	<b>39,932</b>

Footnotes / Notes:

FY 2010  
PROJECTION ANALYSIS  
As of June 30, 2010

Department: BUREAU OF STATISTICS AND PLANS  
Division: ADMINISTRATION  
Account No.: 6100A100900GA001

A	B	C	D	E	F	G	H	I	J	K	L	M
Account Code	Budget Act(s) Appropriations P.L. 30-45	Reserve	FY 2010 Allotments (B - C)	Year to Date Exp. / Encumb. As Of: 6/30/2010	CURRENT Staffing Pattern PP Requirement	Remaining PP Personnel Requirement (Remain. PP x F)	LABOR COST PPE: 6/6/2010	LABOR COST PPE: 6/19/2010	INFORMATIONAL ONLY Avg. PP Requirement [(F + G) / 2]	Remaining PP Personnel Requirement (Remain. PP x J)	Other Requirements	Projected Lapse / (Shortfall) (D - (E + G + L))
111 Salary	259,054	0	259,054	190,569	10,163	75,208	10,163	10,163	10,163	75,208	0	0
112 OT	0	0	0	0	0	0	0	0	0	0	0	0
113 Benefits	68,879	0	68,879	51,495	2,750	20,351	2,750	2,750	2,750	20,351	0	0
<b>TOTAL PERSVS</b>	<b>327,933</b>	<b>0</b>	<b>327,933</b>	<b>242,063</b>	<b>12,913</b>	<b>95,557</b>	<b>12,913</b>	<b>12,913</b>	<b>12,913</b>	<b>95,558</b>	<b>0</b>	<b>0</b>
220 Travel	0	0	0	0								
230 Contract	2,500	75	2,425	0							2,425	0
233 Rent	20,040	0	20,040	20,040							0	0
240 Supplies	0	0	0	0							0	0
250 Equip.	0	0	0	0							0	0
271 Drug Testing	0	0	0	0							0	0
280 Sub Rec	0	0	0	0							0	0
290 Misc	0	0	0	0							0	0
361 Power	0	0	0	0							0	0
362 Water	0	0	0	0							0	0
363 Tele	6,460	75	6,385	4,825							1,560	0
450 Cap. Out	0	0	0	0							0	0
<b>TOTAL OPERS</b>	<b>29,000</b>	<b>150</b>	<b>28,850</b>	<b>24,865</b>	<b>12,913</b>	<b>96,657</b>	<b>12,913</b>	<b>12,913</b>	<b>12,913</b>	<b>96,658</b>	<b>3,985</b>	<b>0</b>
<b>TOTALS</b>	<b>356,933</b>	<b>150</b>	<b>356,783</b>	<b>266,928</b>	<b>12,913</b>	<b>96,657</b>	<b>12,913</b>	<b>12,913</b>	<b>12,913</b>	<b>96,658</b>	<b>3,985</b>	<b>0</b>

Footnotes / Notes:

FY 2010  
PROJECTION ANALYSIS  
As of June 30, 2010

Department: BUREAU OF STATISTICS AND PLANS  
Division: PLANNING INFORMATION PROGRAM  
Account No.: 6100A10910SE004

A	B	C	D	E	F	G	H	I	J	K	L	M
Account Code	Budget Act(s) Appropriations P.L. 30-55	Reserve	FY 2010 Allotments (B - C)	Year to Date Exp. / Encumb. As Of: 6/30/2010	CURRENT Staffing Pattern PP Requirement	Remaining PP Personnel Requirement (Remain. PP x F)	LABOR COST PPE: 6/6/2010	LABOR COST PPE: 6/19/2010	INFORMATIONAL ONLY Avg. PP Requirement [(F + G) / 2]	Remaining PP Personnel Requirement (Remain. PP x J)	Other Requirements	Projected Lapse / (Shortfall) [D - (E + G + L)]
111 Salary	187,519	0	187,519	109,090	7,213	53,376	7,213	7,213	7,213	53,375	0	29,053
112 OT	0	0	0	0	0	0	0	0	0	0	0	0
113 Benefits	60,015	0	60,015	29,496	2,015	14,915	2,015	2,015	2,015	14,913	0	15,604
<b>TOTAL PersSys</b>	<b>247,534</b>	<b>0</b>	<b>247,534</b>	<b>138,586</b>	<b>9,228</b>	<b>68,291</b>	<b>9,228</b>	<b>9,228</b>	<b>9,228</b>	<b>68,288</b>	<b>0</b>	<b>40,658</b>
220 Travel	0	0	0	0	0	0	0	0	0	0	0	0
230 Contract	0	0	0	0	0	0	0	0	0	0	0	0
233 Rent	0	0	0	0	0	0	0	0	0	0	0	0
240 Supplies	0	0	0	0	0	0	0	0	0	0	0	0
250 Equip.	0	0	0	0	0	0	0	0	0	0	0	0
271 Drug Testing	0	0	0	0	0	0	0	0	0	0	0	0
280 Sub Reg.	0	0	0	0	0	0	0	0	0	0	0	0
290 Misc.	0	0	0	0	0	0	0	0	0	0	0	0
361 Power	0	0	0	0	0	0	0	0	0	0	0	0
362 Water	0	0	0	0	0	0	0	0	0	0	0	0
363 Tele	0	0	0	0	0	0	0	0	0	0	0	0
450 Cap Out	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL Opers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTALS</b>	<b>247,534</b>	<b>0</b>	<b>247,534</b>	<b>138,586</b>	<b>9,228</b>	<b>68,291</b>	<b>9,228</b>	<b>9,228</b>	<b>9,228</b>	<b>68,288</b>	<b>0</b>	<b>40,658</b>

Footnotes / Notes:

**FY 2010  
PROJECTION ANALYSIS  
As of June 30, 2010**

Department: BUREAU OF STATISTICS AND PLANS  
Division: SOCIO ECONOMIC PLANNING  
Account No.: 6100A100920505005

A	B	C	D	E	F	G	H	I	J	K	L	M
Account Code	Budget Act(s) Appropriations P.L. 90-56	Reserve	FY 2010 Allotments (B - C)	Year to Date Exp. / Encumb. As Of: 6/30/2010	CURRENT Staffing Pattern PP Requirement	Remaining PP Personnel Requirement (Remain. PP x F)	LABOR COST PPE: 6/6/2010	LABOR COST PPE: 6/19/2010	INFORMATIONAL ONLY Avg. PP Requirement [(F + G) / 2]	Remaining PP Personnel Requirement (Remain. PP x J)	Other Requirements	Projected Lapse / (Shortfall) [D - (E + G + L)]
111 Salary	106,642	0	106,642	77,355	4,102	30,352	4,102	4,102	4,102	30,352	0	0
112 OT	0	0	0	0	0	0	0	0	0	0	0	0
113 Benefits	28,486	0	28,486	20,634	1,096	8,105	1,095	1,095	1,095	8,105	0	0
<b>TOTAL PERSVS</b>	<b>135,128</b>	<b>0</b>	<b>135,128</b>	<b>97,988</b>	<b>5,198</b>	<b>38,457</b>	<b>5,197</b>	<b>5,197</b>	<b>5,197</b>	<b>38,457</b>	<b>0</b>	<b>0</b>
220 Travel	0	0	0	0	0	0	0	0	0	0	0	0
230 Contract	0	0	0	0	0	0	0	0	0	0	0	0
233 Rent	0	0	0	0	0	0	0	0	0	0	0	0
240 Supplies	0	0	0	0	0	0	0	0	0	0	0	0
250 Equip	0	0	0	0	0	0	0	0	0	0	0	0
271 Drug Testing	0	0	0	0	0	0	0	0	0	0	0	0
280 Sub Rec	0	0	0	0	0	0	0	0	0	0	0	0
290 Misc	0	0	0	0	0	0	0	0	0	0	0	0
361 Power	0	0	0	0	0	0	0	0	0	0	0	0
362 Water	0	0	0	0	0	0	0	0	0	0	0	0
363 Tele	0	0	0	0	0	0	0	0	0	0	0	0
450 Cap Out	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL Opers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTALS</b>	<b>135,128</b>	<b>0</b>	<b>135,128</b>	<b>97,988</b>	<b>5,198</b>	<b>38,457</b>	<b>5,197</b>	<b>5,197</b>	<b>5,197</b>	<b>38,457</b>	<b>0</b>	<b>0</b>

Footnotes / Notes:

FY 2010  
PROJECTION ANALYSIS  
As of June 30, 2010

Department: BUREAU OF STATISTICS AND PLANS  
Division: BUSINESS AND ECONOMIC STATISTICS  
Account No.: 6100A10932E001

A	B	C	D	E	F	G	H	I	J	K	L	M
Account Code	Budget Act(s) Appropriations P.L. 30-55	Reserve	FY 2010 Allocations (B - C)	Year to Date Exp. / Encumb. As Of: 6/30/2010	CURRENT Staffing Pattern PP Requirement	Remaining PP Personnel Requirement (Remain. PP x F)	LABOR COST PPE: 6/6/2010	LABOR COST PPE: 6/19/2010	INFORMATIONAL ONLY Avg. PP Requirement [(F+G)/2]	Remaining PP Personnel Requirement (Remain. PP x J)	Other Requirements	Projected Lapse / (Shortfall) [D - (E + G + L)]
111 Salary	261,044	0	261,044	179,683	10,194	75,439	10,194	10,194	10,194	75,439	0	5,922
112 OT	0	0	0	0	0	0	0	0	0	0	0	0
113 Benefits	74,913	0	74,913	49,609	2,830	20,941	2,830	2,830	2,830	20,941	0	4,362
<b>TOTAL Persvs</b>	<b>335,957</b>	<b>0</b>	<b>335,957</b>	<b>229,293</b>	<b>13,024</b>	<b>96,380</b>	<b>13,024</b>	<b>13,024</b>	<b>13,024</b>	<b>96,380</b>	<b>0</b>	<b>10,284</b>
220 Travel	0	0	0	0								0
230 Contract	0	0	0	0								0
233 Rent	0	0	0	0								0
240 Supplies	0	0	0	0								0
250 Equip.	0	0	0	0								0
271 Drug Testing	0	0	0	0								0
280 Sub Rec	0	0	0	0								0
290 Misc	0	0	0	0								0
361 Power	0	0	0	0								0
362 Water	0	0	0	0								0
363 Tele	0	0	0	0								0
450 Cap Out	0	0	0	0								0
<b>TOTAL Opers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13,024</b>	<b>96,380</b>	<b>13,024</b>	<b>13,024</b>	<b>13,024</b>	<b>96,380</b>	<b>0</b>	<b>10,284</b>
<b>TOTALS</b>	<b>335,957</b>	<b>0</b>	<b>335,957</b>	<b>229,293</b>	<b>13,024</b>	<b>96,380</b>	<b>13,024</b>	<b>13,024</b>	<b>13,024</b>	<b>96,380</b>	<b>0</b>	<b>10,284</b>

Footnotes / Notes:

Run Date : 7/19/10  
 Run Time : 12:07:08  
 STATEMENT OF APPROPRIATIONS, ALLOTMENT, OUTSTANDING ENCUMBRANCE AND EXPENDITURES

Page :  
 Program : PRNPPN

2010 BSR

Ab  
 6/30/10

User ID : BOBBLASC  
 To date : 6/2010  
 Account : 5100A1009  
 Dept/Division :

Exclude Object Codes :

Account Number	Account Name	YTD Allotment	YTD Expenditures	O/S Encumbrance	Available Funds	Unallotted Balance
<b>TOT APPROPRIATION</b>						
5100A100900GA001111	ADMINISTRATION	187,720.00	190,568.64		2,848.64-	71,334.00
5100A100900GA001113	ADMINISTRATION	68,879.00	51,494.82		1,144.82-	18,529.00
5100A100900GA001114	ADMINISTRATION	2,500.00				
5100A100900GA001230	ADMINISTRATION	20,040.00	15,030.00	5,010.00		75.00
5100A100900GA001233	ADMINISTRATION	6,460.00	6,385.00	196.15		75.00
<b>GA001 PROGRAM TOTALS</b>						
		Count: 6	261,722.69	5,206.15	8.84-	90,013.00
<b>00 DIVISION TOTALS</b>						
		Count: 6	261,722.69	5,206.15	8.84-	90,013.00
<b>5100A100910SE004111 PLANNING INFORMATION</b>						
5100A100910SE004113	PLANNING INFORMATION	187,519.00	109,089.52		27,957.48	50,472.00
5100A100910SE004114	PLANNING INFORMATION	60,015.00	29,496.01		8,503.99	22,015.00
<b>SE004 PROGRAM TOTALS</b>						
		Count: 3	138,585.53		36,461.47	72,487.00
<b>10 DIVISION TOTALS</b>						
		Count: 3	138,585.53		36,461.47	72,487.00
<b>5100A100920SE005111 SOCIAL ECONOMIC PLANNING</b>						
5100A100920SE005113	SOCIAL ECONOMIC PLANNING	106,642.00	77,354.64		583.36	28,704.00
5100A100920SE005114	SOCIAL ECONOMIC PLANNING	28,486.00	20,633.74		190.26	7,662.00
<b>SE005 PROGRAM TOTALS</b>						
		Count: 3	97,988.38		773.62	36,366.00
<b>20 DIVISION TOTALS</b>						
		Count: 3	97,988.38		773.62	36,366.00
<b>5100A100932E1001111 BUSINESS &amp; ECONOMIC STATISTICS</b>						
			179,683.36		25,991.64	55,369.00

User ID : BOPBLASC  
 To date : 6/2010  
 Account : 5100A1009  
 Dept/Division :  
 Exclude Object Codes:

Account Number	Account Name	YTD Allotment	YTD Expenditures	O/S Encumbrance	Available Funds	Unallotted Balance
TOT APPROPRIATION	YTD Allotment					
5100A100932E1001113	BUSINESS & ECONOMIC STATISTICS	54,758.00	49,609.25		5,148.75	20,155.00
		74,913.00				
5100A100932E1001114	BUSINESS & ECONOMIC STATISTICS					

E1001	PROGRAM TOTALS	Count: 260,433.00	229,292.61		31,140.39	75,524.00
32	DIVISION TOTALS	Count: 260,433.00	229,292.61		31,140.39	75,524.00
09	DEPARTMENT TOTALS:	Count: 801,162.00	727,589.21		68,366.64	274,390.00
A10	APYR+FY TOTALS:	Count: 801,162.00	727,589.21		68,366.64	274,390.00
I00	FUND TOTALS:	Count: 801,162.00	727,589.21		68,366.64	274,390.00
	FINAL TOTALS	Count: 801,162.00	727,589.21		68,366.64	274,390.00



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

Government of Guam  
 Fiscal Year 2010 Budget  
 Agency Current Staffing Pattern  
 As of: June 30, 2010

[BBMR SP-1]

(A) No.	(B) Position Title	(C) Name of Incumbent	(D) Grade Step	(E) Salary	(F) Overtime	(G) Special*	(H) Increment		(I) E*Amount	(J) Subtotal	(K) Retirement (4.25%)	(L) Retire (DD) (\$1666.268P)	(M) Social Security (6.2% J)	(N) Benefits		(O) Life	(P) Medical (Premium)	(Q) Dental (Premium)	(R) Total Benefits (K thru Q)	(S) (I+R) TOTAL
							(E+G+I)	(E+G+I) Subtotal						Healthcare (1.45% J)	Life (1.45% J)					
1	ADM001 Director	Alberto A. Lamorna V	LL37-8)	\$ 75,208	\$ -	-	-	\$ -	\$ -	\$ 75,208	\$ 19,584	\$ -	\$ -	\$ 1,091	\$ -	174	\$ 3,164	\$ 385	\$ 24,398	\$ 99,606
2	ADM002 Chief Planner	Maribel A.C. Leon Guerrero	P-18	\$ 72,785	\$ -	-	-	\$ -	\$ -	\$ 72,785	\$ 18,953	\$ -	\$ -	\$ -	\$ -	174	\$ 3,164	\$ 385	\$ 22,676	\$ 95,461
3	ADM004 VP Secretary II	Theresa C. Abson	H-15	\$ 35,585	\$ -	-	-	\$ -	\$ -	\$ 35,585	\$ 9,266	\$ -	\$ -	\$ -	\$ -	174	\$ 3,164	\$ 385	\$ 12,989	\$ 48,574
4	ADM006 Admin. Officer	Terry L. Guibo	L-10	\$ 39,280	\$ -	-	-	\$ -	\$ -	\$ 39,280	\$ 10,359	\$ 433	\$ -	\$ 577	\$ -	174	\$ 3,164	\$ 385	\$ 15,092	\$ 54,872
5	ADM008 Administrative Assistant	Marilyn S. Gago	J-15	\$ 40,873	\$ -	-	-	\$ -	\$ -	\$ 40,873	\$ 10,643	\$ -	\$ -	\$ 593	\$ -	174	\$ 3,164	\$ 385	\$ 14,959	\$ 55,832
6	ADM003 Private Secretary	VACANT	L-08	\$ -	\$ -	-	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -
Grand Total:				\$ 264,231	\$ -	\$ -	\$ -	\$ -	\$ 264,231	\$ 68,806	\$ 433	\$ -	\$ 2,260	\$ 870	\$ 15,820	\$ 1,925	\$ 90,114	\$ 354,345		

Night Differential/Hazardous Worker's Compensation, etc.

FUNCTIONAL AREA: EXECUTIVE DIRECTION  
 AGENCY: BUREAU OF STATISTICS AND PLANS  
 PROGRAM: BUSINESS & ECONOMIC STATISTICS PROGRAM  
 FUND: SUMMARY  
 Rate: 100% GENERAL FUND

Budget  
 Agency Current Staffing Pattern  
 As of: June 30, 2010

(A) No.	(B) Position Title	(C) Name of Incumbent	(D) Grade/ Step	(E) Salary	(F) Overtime	(G) Special*	(H) Increment		(I) Increment (E:Amount)	(J) (F+G+H+I) Subtotal	(K) Retirement (K + 26.04%)	(L) Retire (DD) (\$16.60*20PP+E)	(M) Social Security (6.2% * K)	(N) Benefits			(O) Life 174 + E	(P) Medical (Premium + E)	(Q) Dental (Premium + E)	(R) Total Benefits (L thru R)	(S) (K + S) TOTAL			
							Date	Amount						Medicare (1.45% * K)	Life 174 + E									
1	BES-001	Statistician II	J-12	\$ 36,865	\$ -	\$ -	12/17/2010	\$ -	\$ -	\$ 36,865	\$ 9,600	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
2	BES-002	Data Control Clerk II	F-1	\$ 17,635	\$ -	\$ -				\$ 17,635	\$ 4,592	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
3	BES-003	Statistical Technician II	F-1	\$ -	\$ -	\$ -				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
4	BES-004	Statistical Technician II	F-15	\$ 31,418	\$ -	\$ -	4/21/2012	\$ 443	\$ -	\$ 31,861	\$ 8,297	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
5	BES-005	Statistician I	J-13	\$ 35,571	\$ -	\$ -	6/17/2012	\$ 401	\$ -	\$ 35,972	\$ 9,367	\$ -	\$ 433	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
6	BES-006	Statistician II	J-10	\$ 34,414	\$ -	\$ -	2/4/2012	\$ -	\$ -	\$ 34,414	\$ 8,961	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
7	BES-007	Statistical Technician I	E-1	\$ 16,656	\$ -	\$ -	4/26/2011	\$ -	\$ -	\$ 16,656	\$ 4,337	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
8	BES-010	Statistical Technician I	E-1	\$ -	\$ -	\$ -				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
9	BES-011	Planning Technician I	H-11	\$ 31,011	\$ -	\$ -				\$ 31,011	\$ 8,075	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
10	BES-012	Statistical Technician I	E-11	\$ 25,858	\$ -	\$ -	11/12/2011	\$ -	\$ -	\$ 25,858	\$ 6,516	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
11	BES-013	Chief Economist	Q-7	\$ 54,475	\$ -	\$ -	9/5/2010	\$ 168	\$ -	\$ 54,643	\$ 13,770	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Grand Total:										\$285,903	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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

Government of Guam  
 Fiscal Year 2010 Budget  
 Agency Current Staffing Pattern  
 As of: June 30, 2010

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		Subtotal (F+G+H+J)	Retirement (K*26.04%)	Retire (DDI) (\$16.66*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)					Retirement (K*26.04%)	Retire (DDI) (\$16.66*26PP+E)	Medicare (1.45%*K)					Life 174 * E
1	PIPO04	Planner III	Cahin A. Sarawatai	N-16	\$ 57,278	\$ -	-	7/11/2011	\$ -	\$ 57,278	\$ 14,915	\$ -	\$ -	\$ 831	\$ 174	\$ 1,380	\$ 180	\$ 17,480	\$ 74,758		
2	PIPO05	Planner III	Monica J. Guerrero	N-15	\$ 51,092	\$ -	-	1/9/2011	\$ -	\$ 51,092	\$ 13,304	\$ 433	\$ -	\$ 741	\$ 174	\$ 1,380	\$ 180	\$ 16,212	\$ 67,304		
3	PIPO07	Planner III	Janel A. Quiñaga	N-15	\$ 55,341	\$ -	-	12/21/2010	\$ -	\$ 55,341	\$ 14,411	\$ -	\$ -	\$ 802	\$ 174	\$ 1,838	\$ 231	\$ 17,456	\$ 72,797		
4	PIPO09	Data Control Clerk II	Peter P. Leon Guerrero	E-7	\$ 23,808	\$ -	-	2/11/2011	\$ -	\$ 23,808	\$ 6,200	\$ -	\$ -	\$ 345	\$ 174	\$ 1,164	\$ 385	\$ 10,268	\$ 34,076		
Grand Total:					\$ 187,519	\$ -	\$ -		\$ -	\$ 187,519	\$ 48,830	\$ 433	\$ -	\$ 2,719	\$ 696	\$ 7,762	\$ 976	\$ 61,416	\$ 248,935		

Night Differential/Hazardous Worker's Compensation/etc.

FUNCTIONAL AREA: EXECUTIVE DIRECTION  
 AGENCY: BUREAU OF STATISTICS AND PLANS  
 PROGRAM: LAND USE GIS PLANNING PROGRAM

Government of Guam  
 Fiscal Year 2010 Budget  
 Agency Current Staffing Pattern  
 As of: June 30, 2010

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*	Date	Increment (E*Amount)	Subtotal	Subtotal	Retirement (K*26.04%)	Retire (DD)	Social Security (6.2%*K)	Medicare (1.45%*K)	Life 174*E	Medical (Premium*E)	Dental (Premium*E)	Total Benefits (L thru R)	TOTAL	TOTAL	TOTAL	TOTAL				
																								6/27/2010	7/27/2010	634	332
1	LI P001	GIS Manager	Victor Torres	O-12	\$ 54,329	\$ -	\$ -	6/27/2010	\$ 634	\$ 54,963	\$ 37,460	\$ 14,312	\$ 433	\$ -	\$ 797	\$ 543	\$ 174	\$ 1,247	\$ 3,164	\$ 270	\$ 16,800	\$ 14,454	\$ 10,069	\$ 71,763			
2	LI P002	Planner II	Timothy Semada	L-8	\$ 37,128	\$ -	\$ -	7/27/2010	\$ 332	\$ 37,460	\$ 21,389	\$ 5,570	\$ 433	\$ -	\$ 310	\$ 174	\$ 1,197	\$ 3,197	\$ 385	\$ 385	\$ 14,454	\$ 14,454	\$ 10,069	\$ 51,914			
3	LI P003	GIS Mapping Technician	VACANT	I-1	\$ 21,389	\$ -	\$ -		\$ -	\$ 21,389	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Grand Total:				----	\$ 112,846	\$ -	\$ -	----	\$ 966	\$ 113,812	\$ 29,637	\$ 866	\$ -	\$ -	\$ 1,650	\$ 522	\$ 7,608	\$ 1,040	\$ -	\$ 41,323	\$ 155,135						

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

FUNCTIONAL AREA: EXECUTIVE DIRECTION  
 AGENCY: BUREAU OF STATISTICS AND PLANS  
 PROGRAM: SOCIO-ECONOMIC PLANNING PROGRAM

Government of Guam  
 Fiscal Year 2010 Budget  
 Agency Current Staffing Pattern  
 As of: June 30, 2010

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)	
Position No.	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Special*	Increment Date		(E=Amount)	(P-G+H+J) Subtotal	Retirement (K * 26.04%)	Retire (DDJ) (\$16.66*26PP+E)	Social Security (6.2% * K)	Benefits Medicare (1.45%*K)		Life 1/74 * E	Medical (Premium * E)	Dental (Premium * E)	Total Benefits (L thru R)	(K + S) TOTAL	
1	SOC007	Mildred B. Eganza	M-14	\$49,364	0	0	1/13/2011	0	0	49,364	\$12,854	0	0	0	5716	174	3,606	414	17,564	67,128	
2	SOC006	Ernest E. Caseres	N-16	\$57,278	50	50	5/27/2011	50	50	57,278	\$14,915	50	50	50	50	174	50	50	50	17,564	72,367
Grand Total:				\$106,642	50	50	---	50	50	\$106,642	\$27,770	50	50	50	5716	348	3,606	514	\$32,853	\$139,495	

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

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

Government of Guam  
 Fiscal Year 2010 Budget  
 Agency Current Staffing Pattern  
 As of: June 30, 2010

PROGRAM: GUAM COASTAL MANAGEMENT PROGRAM

FUND: SUMMARY

Ratio: 100% FEDERALLY FUNDED

Input by Department															Input by Department														
(A) No.	(B) Position Title	(C) Name of Incumbent	(D) Grade/ Step	(E) Salary	(F) Overtime	(G) Special*	(H) Increment		(I) Date	(J) Subtotal	(K) Retirement (K * 26.06%)	(L) Redire (DDI) (\$16.66*26P+E)	(M) Social Security (6.2% * K)	(N) Medicare (1.45%*K)	(O) Life 174 * E	(P) Medical (Premium * E)	(Q) Dental (Premium * E)	(R) Total Benefits (L thru R)	(S) TOTAL (K + S)										
							(F*Amount)	(F*Amount)																					
1	GCMF001	Administrator	P-16	\$ 67,946	\$ -	\$ -	991	\$ -	5/17/2010	\$ 68,937	\$ 17,951	\$ -	\$ -	\$ 1,000	\$ 174	\$ 3,164	\$ -	\$ 385	\$ 22,674	\$ 91,611									
2	GCMF002	Planner III	M-15	\$ 51,092	\$ -	\$ -	-	\$ -	8/1/2011	\$ 51,092	\$ 13,304	\$ -	\$ -	\$ 741	\$ 174	\$ 3,606	\$ -	\$ 385	\$ 18,210	\$ 69,302									
3	GCMF003	Planner II	M-15	\$ 51,092	\$ -	\$ -	-	\$ -	1/9/2011	\$ 51,092	\$ 13,304	\$ -	\$ -	\$ 741	\$ 174	\$ 3,164	\$ -	\$ 385	\$ 17,768	\$ 68,860									
4	GCMF004	Program Coordinator III	M-14	\$ 49,364	\$ -	\$ -	-	\$ -	11/20/2010	\$ 49,364	\$ 12,854	\$ -	\$ -	\$ 710	\$ 174	\$ 1,380	\$ -	\$ 180	\$ 15,298	\$ 64,662									
5	GCMF005	Planner III	M-12	\$ 46,082	\$ -	\$ -	134	\$ -	9/4/2010	\$ 46,216	\$ 12,055	\$ -	\$ -	\$ 670	\$ 174	\$ 1,838	\$ -	\$ 211	\$ 14,948	\$ 61,164									
6	GCMF007	Planner III	M-14	\$ 49,364	\$ -	\$ -	-	\$ -	9/29/2011	\$ 49,364	\$ 12,854	\$ -	\$ -	\$ 716	\$ 174	\$ 3,164	\$ -	\$ 385	\$ 17,293	\$ 66,657									
8	GCMF010	Administrative Assistant	J-10	\$ 34,414	\$ -	\$ -	803	\$ -	2/27/2010	\$ 35,217	\$ 9,171	\$ -	\$ -	\$ 511	\$ 174	\$ 2,233	\$ -	\$ 211	\$ 12,319	\$ 47,536									
9	GCMF011	Planner II	L-1	\$ 26,520	\$ -	\$ -	-	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -									
	GCMF012	Special Projects Coordinator	M-6	\$ 37,282	\$ -	\$ -	-	\$ -	-	\$ 37,282	\$ -	\$ 433	\$ -	\$ 541	\$ 174	\$ 1,380	\$ -	\$ 180	\$ 2,708	\$ 39,990									
Grand Total:				\$413,156	\$0	\$0	\$0	\$0	\$1,928	\$388,564	\$91,474	\$433	\$0	\$5,628	\$1,392	\$19,929	\$2,362	\$121,218	\$599,782										

\* Night Differential/Hazardous/Workers's Compensation/etc.

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

Government of Guam  
 Fiscal Year 2010 Budget  
 Agency Current Staffing Pattern  
 As of: June 30, 2010

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

FUND: SUMMARY

Ratio: 100% Federally Funded

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	Date	Increment (F-Amount)	(F-G+H-I) Subtotal	Retirement (K *26.04%)	Retire (DD) (\$16.66*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	BYRNE001	Planner III	Lola E. Leon Guerrero	M-14	\$ 49,364	\$ -	\$ -	1/29/2012	\$ -	\$ 49,364	\$ 12,440	\$ -	\$ -	\$ 716	\$ 174	\$ 3,164	\$ 385	\$ 16,879	\$ 66,243	
2	BYRNE003	Administrative Assistant	Julie Rose U. Norderog	J-10	\$ 34,314	\$ -	\$ -	8/10/2010	\$ 201	\$ 34,015	\$ 8,723	\$ -	\$ -	\$ 502	\$ 174	\$ 3,164	\$ 385	\$ 12,948	\$ 47,563	
3																				
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30																				
			Grand Total:		\$ 83,778	\$ -	\$ -		\$ 201	\$ 83,979	\$ 21,163	\$ -	\$ -	\$ 1,218	\$ 348	\$ 6,328	\$ 770	\$ 29,826	\$ 113,805	

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

Government of Guam  
 Fiscal Year 2010 Budget  
 Agency Current Staffing Pattern  
 As of: June 30, 2010

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

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)		(I)	(J)	(K)											(P)		(Q)		(R)	(S)
							Date	Increment (E*Amount)			(F+G+H+I) Subtotal	Retirement (K *26.04%) (\$16.66*26PPE)	Retire (DDI)	Social Security (6.2% * K)	Medicare (1.45%*K)	Benefits	Life	Medical Premium - (E)	Dental Premium - (E)	Total Benefits (L thru R)	(K + S) TOTAL						
1	EA001	Keypunch Operator I	E-1	\$ 16,656	\$ -	\$ -	9/29/2011	-	\$ 16,656	\$ 1,674	\$ 433	\$ 242	\$ 358	\$ 174	\$ 3,164	\$ 385	\$ 385	\$ 6,072	\$ 10,943	\$ 22,728							
2	FA002	Data Control Clerk II	F-8	\$ 24,689	\$ -	\$ -			\$ 24,689	\$ 6,429	\$ 433	\$ -	\$ -	\$ 174	\$ 3,164	\$ 385	\$ 385	\$ 6,072	\$ 10,943	\$ 22,728							
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30																											
				Grand Total:	\$ 41,345	\$ -			\$ 41,345	\$ 8,103	\$ 866	\$ 600	\$ 348	\$ 6,328	\$ 770	\$ 17,015	\$ 58,360										

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



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

Government of Guam  
 Fiscal Year 2010 Budget  
 Agency Current Staffing Pattern  
 As of: June 30, 2010

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

FUND: SUMMARY

Ratio: 100% Federally Funded

No.	(A) Position Number	(B) Position Title	(C) Name of Incumbent	(D) Grade/Step	(E) Salary	(F) Overtime	(G) Special*	(H) Increment		(I) Date	(J) Subtotal	(K) Retirement (K *26.04%)	(L) Retire (DD) (\$16.66*26PPE)	(M) Social Security (6.2% * K)	(N) Benefits			(O) Life 174 * E	(P) Medical (Premium * E)		(Q) Dental (Premium * E)		(R) Total Benefits (L thru R)	(S) TOTAL (K + S)
								(E * Amount)	(E * Amount)						(1.45% * K)	(1.45% * K)	(74 * E)		Medical	Dental	Dental	Total		
1	GDDC001	Director, DDC	Manuel Cruz	P-10	\$55,274	\$0	\$0			10/29/2010	\$55,274	\$14,393	\$433	\$0	\$0	\$801	\$174	\$2,233	\$3,006	\$270	\$18,306	\$73,579		
2	GDDC002	Program Coordinator IV	Marie C. Todiota-Libria	N-8	43,490	0	0				43,490	\$11,325	0	0	\$631	\$174				\$413	16,148	59,638		
3	GDDC004	Program Coordinator I	Vacant Effective 6/29/2010	K-1	24,656	0	0				24,656										\$270	24,656		
4																								
5																								
6																								
7																								
8																								
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30																								
Grand Total:					\$123,420	\$0	\$0				\$123,420	\$25,718	\$433	\$0	\$1,432	\$348			\$5,839	\$683	\$34,453	\$157,873		

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

FUNCTIONAL AREA: EXECUTIVE DIRECTION  
 AGENCY: BUREAU OF STATISTICS AND PLANS  
 PROGRAM: CORAL REEF INITIATIVE

Government of Guam  
 Fiscal Year 2010 Budget  
 Agency Current Staffing Pattern  
 As of: June 30, 2010

FUND: SUMMARY  
 Ratio: 100% Federally Funded under CRI Grant

Input by Department														Input by Department					
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)		(I)	(J)	(K)-(O)				(P)	(Q)	(R)	(S)	
No.	Position Number	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Special*	Date	Increment (E*Amount)	(F+G+H+J) Subtotal	Retirement (K*26.04%)	Retire (DD) (\$16.66*26PPE)	Social Security (6.2%*K)	Medicare (1.45%*K)	Benefits		Total Benefits (L thru R)	(K+S) TOTAL	
															Life	Medical (Premium * E)			Dental (Premium * E)
1	GCMF012	Special Projects Coordinator	David M. Burdick	M-9	\$ 41,584	\$ -	\$ -	----	\$ -	\$ 41,584	\$ -	\$ 433	\$ -	\$ 603	Life	Medical	Dental	\$ 2,770	\$ 44,354
2	CR1-001	Program Coordinator I	Vacant	K-1	\$ 24,656	\$ -	\$ -	----	\$ -	\$ 24,656	\$ -	\$ 433	\$ -	\$ 603	Life	Medical	Dental	\$ 2,770	\$ 44,354
Grand Total:				----	\$ 66,240	\$ -	\$ -	----	\$ -	\$ 41,584	\$ -	\$ 433	\$ -	\$ 603	Life	Medical	Dental	\$ 2,770	\$ 44,354

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

**FEDERAL FINANCIAL REPORT**  
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Justice</b>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2009-DJ-BX-0035</b>	Page <b>1</b> of <b>1</b>
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3. Recipient Organization (Name and complete address including Zip code)  
**Guam Bureau of Statistics and Plans**  
**P.O. Box 2950 Hagatna, GU 96932-2950**

4a. DUNS Number <b>778904292</b>	4b. EIN <b>98-0018947</b>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <b>5101H090920E1109</b>	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) <b>10/01/2008</b>	To: (Month, Day, Year) <b>09/30/2012</b>	9. Reporting Period End Date <b>06/30/2010</b>
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10. Transactions	Cumulative
(Use lines a-c for single or multiple grant reporting)	
<b>Federal Cash (To report multiple grants also use FFR Attachment):</b>	
a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	
(Use lines d-o for single grant reporting)	
<b>Federal Expenditures and Unobligated Balance:</b>	
d. Total Federal funds authorized	\$ 1,209,694.00
e. Federal share of expenditures	\$ 9,534.18
f. Federal share of unliquidated obligations	\$ 840,190.82
g. Total Federal share (sum of lines e and f)	\$ 849,725.00
h. Unobligated balance of Federal funds (line d minus g)	\$ 359,969.00
<b>Recipient Share:</b>	
i. Total recipient share required	\$ 0.00
j. Recipient share of expenditures	\$ 0.00
k. Remaining recipient share to be provided (line i minus j)	\$ 0.00
<b>Program Income:</b>	
l. Total Federal program income earned	\$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	\$ 0.00
o. Unexpended program income (line l minus line m or line n)	\$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
g. Totals:							

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

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)

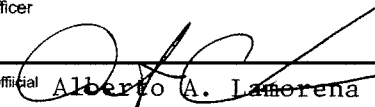
a. Typed or Printed Name and Title of Authorized Certifying Official <b>Terry Cuabo, Administrative Officer</b>	c. Telephone (Area code, number and extension) <b>(671) 475-9682</b>
	d. Email address <b>tcuabo@mail.gov.gu</b>
b. Signature of Authorized Certifying Official  <b>Alberto A. Lamorena V, Director</b>	e. Date Report Submitted (Month, Day, Year) <b>07/22/2010</b>

14. Agency use only:  
 OJP Vendor Number: **980017947**  
 Standard Form 425 OMB  
 Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

**Paperwork Burden Statement**  
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503

*Handwritten initials/signature*

**FEDERAL FINANCIAL REPORT**  
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Justice</b>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2009-GP-BX-0030</b>		Page <b>1</b> of <b>1</b>			
3. Recipient Organization (Name and complete address including Zip code) <b>Guam Bureau of Statistics and Plans Post Office Box 2950 Hagatna, GU 96932-2950</b>							
4a. DUNS Number <b>778904292</b>	4b. EIN <b>98-0018947</b>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <b>5101H100920SE102</b>	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
8. Project/Grant Period From: (Month, Day, Year) <b>10/01/2009</b>		To: (Month, Day, Year) <b>09/30/2012</b>	9. Reporting Period End Date <b>06/30/2010</b>				
<b>10. Transactions</b>			<b>Cumulative</b>				
(Use lines a-c for single or multiple grant reporting)							
<b>Federal Cash (To report multiple grants also use FFR Attachment):</b>							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
(Use lines d-o for single grant reporting)							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized			\$ 52,808.00				
e. Federal share of expenditures			\$ 0.00				
f. Federal share of unliquidated obligations			\$ 47,527.20				
g. Total Federal share (sum of lines e and f)			\$ 47,527.20				
h. Unobligated balance of Federal funds (line d minus g)			\$ 5,280.80				
<b>Recipient Share:</b>							
i. Total recipient share required			\$ 0.00				
j. Recipient share of expenditures			\$ 0.00				
k. Remaining recipient share to be provided (line i minus j)			\$ 0.00				
<b>Program Income:</b>							
l. Total Federal program income earned			\$ 0.00				
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative			\$ 0.00				
o. Unexpended program income (line l minus line m or line n)			\$ 0.00				
<b>11. Indirect Expense</b>	a. Type Not Applicable	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:							
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official <b>Terry Cuabo, Administrative Officer</b>				c. Telephone (Area code, number and extension) <b>(671) 475-9682</b>			
				d. Email address <b>tcuabo@mail.gov.gu</b>			
b. Signature of Authorized Certifying Official  <b>Alberto A. Lamorena V, Director</b>				e. Date Report Submitted (Month, Day, Year) <b>07/22/2010</b>			
				14. Agency use only: OJP Vendor Number: <b>980017947</b> Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011			
<b>Paperwork Burden Statement</b> According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503							

*Handwritten initials/signature*

**FEDERAL FINANCIAL REPORT**  
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Justice</b>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2009-SU-B9-0007</b>	Page of 1 1
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3. Recipient Organization (Name and complete address including Zip code)  
**Guam Bureau of Statistics and Plans**  
**P.O. Box 2950 Hagatna, GU 96932-2950**

4a. DUNS Number <b>778904292</b>	4b. EIN <b>98-0018947</b>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <b>5101H090920AR108</b>	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) <b>03/01/2009</b> To: (Month, Day, Year) <b>02/28/2013</b>	9. Reporting Period End Date <b>06/30/2010</b>
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**10. Transactions** Cumulative

(Use lines a-c for single or multiple grant reporting)

**Federal Cash (To report multiple grants also use FFR Attachment):**

a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o for single grant reporting)

**Federal Expenditures and Unobligated Balance:**

d. Total Federal funds authorized	\$ 4,972,500.00
e. Federal share of expenditures	\$ 952,135.53
f. Federal share of unliquidated obligations	\$ 3,390,795.99
g. Total Federal share (sum of lines e and f)	\$ 4,342,931.52
h. Unobligated balance of Federal funds (line d minus g)	\$ 629,568.48

**Recipient Share:**

i. Total recipient share required	\$ 0.00
j. Recipient share of expenditures	\$ 0.00
k. Remaining recipient share to be provided (line i minus j)	\$ 0.00

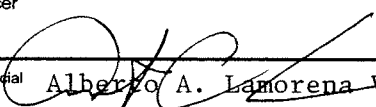
**Program Income:**

l. Total Federal program income earned	\$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	\$ 0.00
o. Unexpended program income (line l minus line m or line n)	\$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
g. Totals:							

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

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official <b>Terry Cuabo, Administrative Officer</b>	c. Telephone (Area code, number and extension) <b>(671) 475-9682</b>
	d. Email address <b>tcuabo@mail.gov.gu</b>
b. Signature of Authorized Certifying Official  <b>Alberto A. Lamorena V., Director</b>	e. Date Report Submitted (Month, Day, Year) <b>07/22/2010</b>
14. Agency use only: OJP Vendor Number: <b>980017947</b>	
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011	

**Paperwork Burden Statement**  
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (03448-0060), Washington, DC 20503

*Handwritten initials and date:*  
 [Signature] 7/24/10

**FEDERAL FINANCIAL REPORT**  
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2009-RT-BX-0012	Page 1 of 1
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3. Recipient Organization (Name and complete address including Zip code)  
 Guam Bureau of Statistics and Plans  
 P. O. Box 2950 Hagatna, GU 96932-0000

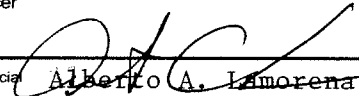
4a. DUNS Number 778904292	4b. EIN 98-0018947	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 5101H100920SE107	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2008	To: (Month, Day, Year) 09/30/2012	9. Reporting Period End Date 06/30/2010
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10. Transactions	Cumulative						
(Use lines a-c for single or multiple grant reporting)							
<b>Federal Cash (To report multiple grants also use FFR Attachment):</b>							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
(Use lines d-o for single grant reporting)							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized	\$ 40,675.00						
e. Federal share of expenditures	\$ 0.00						
f. Federal share of unliquidated obligations	\$ 36,607.00						
g. Total Federal share (sum of lines e and f)	\$ 36,607.00						
h. Unobligated balance of Federal funds (line d minus g)	\$ 4,068.00						
<b>Recipient Share:</b>							
i. Total recipient share required	\$ 0.00						
j. Recipient share of expenditures	\$ 0.00						
k. Remaining recipient share to be provided (line i minus j)	\$ 0.00						
<b>Program Income:</b>							
l. Total Federal program income earned	\$ 0.00						
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative	\$ 0.00						
o. Unexpended program income (line l minus line m or line n)	\$ 0.00						
<b>11. Indirect Expense</b>							
	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
g. Totals:							

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

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682
b. Signature of Authorized Certifying Official  Alberto A. Lamorena, Director	d. Email address tcuabo@mail.gov.gu
	e. Date Report Submitted (Month, Day, Year) 07/22/2010
14. Agency use only: OJP Vendor Number: 980017947	
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011	

**Paperwork Burden Statement**  
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (03448-0060), Washington, DC 20503

*Handwritten signature/initials*

# FEDERAL FINANCIAL REPORT

(Follow form instruction)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> U.S. Department of Justice	<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> (To report multiple grants, use FFR Attachment) 2009-CD-BX-0002	Page <u>1</u> of <u>1</u>
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**3. Recipient Organization (Name and complete address including Zip code)**  
 Guam Bureau of Statistics and Plans  
 P.O. Box 2950 Hagatna, GU 96932-2950

<b>4a. DUNS Number</b> 778904292	<b>4b. EIN</b> 98-0018947	<b>5. Recipient Account Number or Identifying Number</b> (To report multiple grants, use FFR Attachment) 5101E100933PA101	<b>6. Report Type</b> <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<b>7. Basis of Accounting</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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<b>8. Project/Grant Period</b> From: (Month, Day, Year) 10/01/2009	To: (Month, Day, Year) 09/30/2011	<b>9. Reporting Period End Date</b> 06/30/2010
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**10. Transactions** Cumulative

(Use lines a-c for single or multiple grant reporting)

**Federal Cash (To report multiple grants also use FFR Attachment):**

a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o for single grant reporting)

**Federal Expenditures and Unobligated Balance:**

d. Total Federal funds authorized	\$ 140,397.00
e. Federal share of expenditures	\$ 5,903.12
f. Federal share of unliquidated obligations	\$ 129,096.88
g. Total Federal share (sum of lines e and f)	\$ 135,000.00
h. Unobligated balance of Federal funds (line d minus g)	\$ 5,397.00

**Recipient Share:**

i. Total recipient share required	\$ 0.00
j. Recipient share of expenditures	\$ 0.00
k. Remaining recipient share to be provided (line i minus j)	\$ 0.00

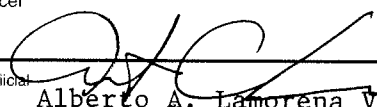
**Program Income:**

l. Total Federal program income earned	\$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	\$ 0.00
o. Unexpended program income (line l minus line m or line n)	\$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
g. Totals:							

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

**13. Certification:** By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682
	d. Email address tcuabo@mail.gov.gu
b. Signature of Authorized Certifying Official  Alberto A. Lamorena V, Director	e. Date Report Submitted (Month, Day, Year) 07/22/2010

**14. Agency use only:**  
 OJP Vendor Number: 980017947  
 Standard Form 425 OMB  
 Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

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# FEDERAL FINANCIAL REPORT

(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2008-DJ-BX-0058	Page 1 of 1
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3. Recipient Organization (Name and complete address including Zip code)  
 Guam Bureau of Statistics and Plans  
 P.O. Box 2950 Hagatna, GU 96932-2950

4a. DUNS Number 778904292	4b. EIN 98-0018947	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 5101H080902E1108	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2007 To: (Month, Day, Year) 09/30/2011	9. Reporting Period End Date 06/30/2010
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**10. Transactions** Cumulative  
 (Use lines a-c for single or multiple grant reporting)

**Federal Cash (To report multiple grants also use FFR Attachment):**

a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o for single grant reporting)

**Federal Expenditures and Unobligated Balance:**

d. Total Federal funds authorized	\$ 373,273.00
e. Federal share of expenditures	\$ 238,300.87
f. Federal share of unliquidated obligations	\$ 89,384.13
g. Total Federal share (sum of lines e and f)	\$ 327,685.00
h. Unobligated balance of Federal funds (line d minus g)	\$ 45,588.00

**Recipient Share:**

i. Total recipient share required	\$ 0.00
j. Recipient share of expenditures	\$ 0.00
k. Remaining recipient share to be provided (line i minus j)	\$ 0.00

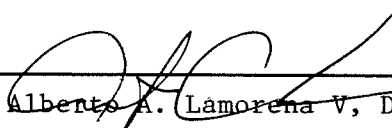
**Program Income:**

l. Total Federal program income earned	\$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	\$ 0.00
o. Unexpended program income (line l minus line m or line n)	\$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
g. Totals:							

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

**13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)**

a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682
	d. Email address tcuabo@mail.gov.gu
b. Signature of Authorized Certifying Official  Alberto A. Lamorena V, Director	e. Date Report Submitted (Month, Day, Year) 07/22/2010

14. Agency use only:  
 OJP Vendor Number: 980017947  
 Standard Form 425 OMB  
 Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

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**FEDERAL FINANCIAL REPORT**  
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Justice</b>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2008-RT-BX-0012</b>	Page 1 of 1
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3. Recipient Organization (Name and complete address including Zip code)  
**Guam Bureau of Statistics and Plans  
 P. O. Box 2950 Hagatna, GU 96932-0000**

4a. DUNS Number 778904292	4b. EIN 98-0018947	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 5101H090920SE107	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2007    To: (Month, Day, Year) 09/30/2011	9. Reporting Period End Date 06/30/2010
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**10. Transactions** Cumulative

(Use lines a-c for single or multiple grant reporting)

**Federal Cash (To report multiple grants also use FFR Attachment):**

a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o for single grant reporting)

**Federal Expenditures and Unobligated Balance:**

d. Total Federal funds authorized	\$ 36,298.00
e. Federal share of expenditures	\$ 1,488.89
f. Federal share of unliquidated obligations	\$ 32,668.00
g. Total Federal share (sum of lines e and f)	\$ 34,156.89
h. Unobligated balance of Federal funds (line d minus g)	\$ 2,141.11

**Recipient Share:**

i. Total recipient share required	\$ 0.00
j. Recipient share of expenditures	\$ 0.00
k. Remaining recipient share to be provided (line i minus j)	\$ 0.00


**Program Income:**

l. Total Federal program income earned	\$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	\$ 0.00
o. Unexpended program income (line l minus line m or line n)	\$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
g. Totals:							

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

**13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)**

a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682
b. Signature of Authorized Certifying Official  <b>Alberto A. Lamorena V., Director</b>	d. Email address tcuabo@mail.gov.gu
	e. Date Report Submitted (Month, Day, Year) 07/22/2010

14. Agency use only:  
 OJP Vendor Number: 980017947  
 Standard Form 425 OMB  
 Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

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**FEDERAL FINANCIAL REPORT**  
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Justice</b>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2008-GP-CX-0047</b>	Page 1 of 1
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3. Recipient Organization (Name and complete address including Zip code)  
**Guam Bureau of Statistics and Plans  
 Post Office Box 2950 Hagatna, GU 96932-2950**

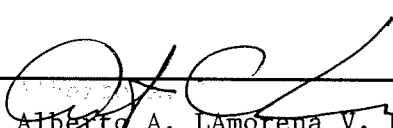
4a. DUNS Number <b>778904292</b>	4b. EIN <b>98-0018947</b>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <b>5101H080920SE102</b>	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) <b>09/01/2008</b> To: (Month, Day, Year) <b>08/31/2011</b>	9. Reporting Period End Date <b>06/30/2010</b>
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10. Transactions	Cumulative						
<i>(Use lines a-c for single or multiple grant reporting)</i>							
<b>Federal Cash (To report multiple grants also use FFR Attachment):</b>							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
<i>(Use lines d-o for single grant reporting)</i>							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized	\$ 53,679.00						
e. Federal share of expenditures	\$ 15,847.81						
f. Federal share of unliquidated obligations	\$ 32,463.19						
g. Total Federal share (sum of lines e and f)	\$ 48,311.00						
h. Unobligated balance of Federal funds (line d minus g)	\$ 5,368.00						
<b>Recipient Share:</b>							
i. Total recipient share required	\$ 0.00						
j. Recipient share of expenditures	\$ 0.00						
k. Remaining recipient share to be provided (line i minus j)	\$ 0.00						
<b>Program Income:</b>							
l. Total Federal program income earned	\$ 0.00						
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative	\$ 0.00						
o. Unexpended program income (line l minus line m or line n)	\$ 0.00						
<b>11. Indirect Expense</b>							
	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
g. Totals:							

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

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official <b>Terry Cuabo, Administrative Officer</b>	c. Telephone (Area code, number and extension) <b>(671) 475-9682</b>
b. Signature of Authorized Certifying Official  <b>Alberto A. Lamorena V, Director</b>	d. Email address <b>tcuabo@mail.gov.gu</b>
	e. Date Report Submitted (Month, Day, Year) <b>07/22/2010</b>

14. Agency use only:  
 OJP Vendor Number: **980017947**  
 Standard Form 425 OMB  
 Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

**Paperwork Burden Statement**  
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503

**FEDERAL FINANCIAL REPORT**  
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Justice</b>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2008-DJ-BX-0735</b>	Page 1 of 1
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3. Recipient Organization (Name and complete address Including Zip code)  
**Guam Bureau of Statistics and Plans  
 P.O. Box 2950 Hagatna, GU 96932-2950**

4a. DUNS Number <b>778904292</b>	4b. EIN <b>98-0018947</b>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <b>5101H090920EI108</b>	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) <b>10/01/2007</b> To: (Month, Day, Year) <b>09/30/2011</b>	9. Reporting Period End Date <b>06/30/2010</b>
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**10. Transactions** Cumulative

(Use lines a-c for single or multiple grant reporting)

**Federal Cash (To report multiple grants also use FFR Attachment):**

a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o for single grant reporting)

**Federal Expenditures and Unobligated Balance:**

d. Total Federal funds authorized	\$ 25,179.00
e. Federal share of expenditures	\$ 4,478.86
f. Federal share of unliquidated obligations	\$ 18,378.14
g. Total Federal share (sum of lines e and f)	\$ 22,857.00
h. Unobligated balance of Federal funds (line d minus g)	\$ 2,322.00

**Recipient Share:**

i. Total recipient share required	\$ 0.00
j. Recipient share of expenditures	\$ 0.00
k. Remaining recipient share to be provided (line i minus j)	\$ 0.00

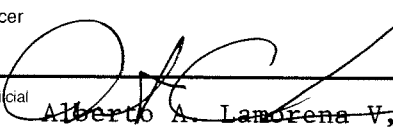
**Program Income:**

l. Total Federal program income earned	\$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	\$ 0.00
o. Unexpended program income (line l minus line m or line n)	\$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
g. Totals:							

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

**13. Certification:** By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official <b>Terry Cuabo, Administrative Officer</b>	c. Telephone (Area code, number and extension) <b>(671) 475-9682</b>
	d. Email address <b>tcuabo@mail.gov.gu</b>
b. Signature of Authorized Certifying Official  <b>Alberto A. Lamorena V., Director</b>	e. Date Report Submitted (Month, Day, Year) <b>07/22/2010</b>

**14. Agency use only:**  
 OJP Vendor Number: **980017947**  
 Standard Form 425 OMB  
 Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

**Paperwork Burden Statement**  
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (03448-0060), Washington, DC 20503

**FEDERAL FINANCIAL REPORT**  
(Follow form instruction)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> U.S. Department of Justice	<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> (To report multiple grants, use FFR Attachment) 2008-CD-BX-0008	Page <u>1</u> of <u>1</u>
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**3. Recipient Organization (Name and complete address including Zip code)**  
 Guam Bureau of Statistics and Plans  
 P.O. Box 2950 Hagatna, GU 96932-2950

<b>4a. DUNS Number</b> 778904292	<b>4b. EIN</b> 98-0018947	<b>5. Recipient Account Number or Identifying Number</b> (To report multiple grants, use FFR Attachment) 5101E090933PA101	<b>6. Report Type</b> <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<b>7. Basis of Accounting</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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<b>8. Project/Grant Period</b> From: (Month, Day, Year) 10/01/2008 To: (Month, Day, Year) 09/30/2010	<b>9. Reporting Period End Date</b> 06/30/2010
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**10. Transactions** Cumulative

(Use lines a-c for single or multiple grant reporting)

**Federal Cash (To report multiple grants also use FFR Attachment):**

a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o for single grant reporting)

**Federal Expenditures and Unobligated Balance:**

d. Total Federal funds authorized	\$ 99,337.00
e. Federal share of expenditures	\$ 75,758.56
f. Federal share of unliquidated obligations	\$ 17,273.44
g. Total Federal share (sum of lines e and f)	\$ 93,032.00
h. Unobligated balance of Federal funds (line d minus g)	\$ 6,305.00

**Recipient Share:**

i. Total recipient share required	\$ 0.00
j. Recipient share of expenditures	\$ 0.00
k. Remaining recipient share to be provided (line i minus j)	\$ 0.00

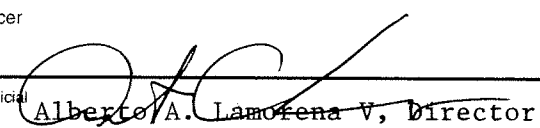
**Program Income:**

l. Total Federal program income earned	\$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	\$ 0.00
o. Unexpended program income (line l minus line m or line n)	\$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
g. Totals:							

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

**13. Certification:** By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682 d. Email address tcuabo@mail.gov.gu
b. Signature of Authorized Certifying Official  Alberto A. Lamofena V, Director	e. Date Report Submitted (Month, Day, Year) 07/22/2010

**14. Agency use only:**  
 OJP Vendor Number: 980017947  
 Standard Form 425 OMB  
 Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

**Paperwork Burden Statement**  
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# FEDERAL FINANCIAL REPORT

(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Justice</b>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2007-DJ-BX-0063</b>	Page <b>1</b> of <b>1</b>
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3. Recipient Organization (Name and complete address including Zip code)  
**Guam Bureau of Statistics and Plans  
 P.O. Box 2950 Hagatna, GU 96932-2950**

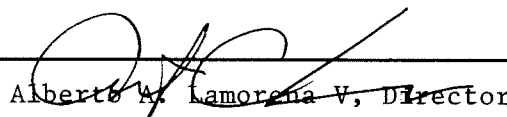
4a. DUNS Number <b>778904292</b>	4b. EIN <b>98-0018947</b>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <b>5101H070920E1108</b>	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) <b>10/01/2006</b> To: (Month, Day, Year) <b>09/30/2011</b>	9. Reporting Period End Date <b>06/30/2010</b>
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10. Transactions	Cumulative
<i>(Use lines a-c for single or multiple grant reporting)</i>	
<b>Federal Cash (To report multiple grants also use FFR Attachment):</b>	
a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	
<i>(Use lines d-o for single grant reporting)</i>	
<b>Federal Expenditures and Unobligated Balance:</b>	
d. Total Federal funds authorized	\$ 1,132,013.00
e. Federal share of expenditures	\$ 848,030.78
f. Federal share of unliquidated obligations	\$ 266,872.51
g. Total Federal share (sum of lines e and f)	\$ 1,114,903.29
h. Unobligated balance of Federal funds (line d minus g)	\$ 17,109.71
<b>Recipient Share:</b>	
i. Total recipient share required	\$ 0.00
j. Recipient share of expenditures	\$ 0.00
k. Remaining recipient share to be provided (line i minus j)	\$ 0.00
<b>Program Income:</b>	
l. Total Federal program income earned	\$ 33,581.56
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	\$ 33,581.56
o. Unexpended program income (line l minus line m or line n)	\$ 0.00
<b>11. Indirect Expense</b>	
a. Type	b. Rate
c. Period From	Period To
d. Base	e. Amount Charged
f. Federal Share	
g. Totals:	

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

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official <b>Terry Cuabo, Administrative Officer</b>	c. Telephone (Area code, number and extension) <b>(671) 475-9682</b>
b. Signature of Authorized Certifying Official 	d. Email address <b>tcuabo@mail.gov.gu</b>
e. Date Report Submitted (Month, Day, Year) <b>07/22/2010</b>	

14. Agency use only:  
 OJP Vendor Number: **980017947**  
 Standard Form 425 OMB  
 Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

**Paperwork Burden Statement**  
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**FEDERAL FINANCIAL REPORT**  
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Justice</b>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2007-RT-BX-0056</b>	Page 1 of 1
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3. Recipient Organization (Name and complete address including Zip code)  
**Guam Bureau of Statistics and Plans  
 P. O. Box 2950 Hagatna, GU 96932-0000**

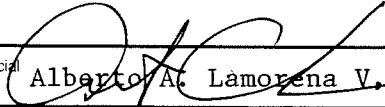
4a. DUNS Number <b>778904292</b>	4b. EIN <b>98-0018947</b>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <b>5101H070920SE107</b>	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) <b>10/01/2006</b> To: (Month, Day, Year) <b>09/30/2011</b>	9. Reporting Period End Date <b>06/30/2010</b>
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10. Transactions	Cumulative					
<i>(Use lines a-c for single or multiple grant reporting)</i>						
<b>Federal Cash (To report multiple grants also use FFR Attachment):</b>						
a. Cash Receipts						
b. Cash Disbursements						
c. Cash on Hand (line a minus b)						
<i>(Use lines d-o for single grant reporting)</i>						
<b>Federal Expenditures and Unobligated Balance:</b>						
d. Total Federal funds authorized	\$ 38,567.00					
e. Federal share of expenditures	\$ 0.00					
f. Federal share of unliquidated obligations	\$ 0.00					
g. Total Federal share (sum of lines e and f)	\$ 0.00					
h. Unobligated balance of Federal funds (line d minus g)	\$ 38,567.00					
<b>Recipient Share:</b>						
i. Total recipient share required	\$ 0.00					
j. Recipient share of expenditures	\$ 0.00					
k. Remaining recipient share to be provided (line i minus j)	\$ 0.00					
<b>Program Income:</b>						
l. Total Federal program income earned	\$ 0.00					
m. Program income expended in accordance with the deduction alternative						
n. Program income expended in accordance with the addition alternative	\$ 0.00					
o. Unexpended program income (line l minus line m or line n)	\$ 0.00					
<b>11. Indirect Expense</b>						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Not Applicable						
g. Totals:						

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

**13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)**

a. Typed or Printed Name and Title of Authorized Certifying Official <b>Terry Cuabo, Administrative Officer</b>	c. Telephone (Area code, number and extension) <b>(671) 475-9682</b>
	d. Email address <b>tcuabo@mail.gov.gu</b>
b. Signature of Authorized Certifying Official  <b>Alberto A. Lamorena V. Director</b>	e. Date Report Submitted (Month, Day, Year) <b>07/22/2010</b>

14. Agency use only:  
 OJP Vendor Number: **980017947**  
 Standard Form 425 OMB  
 Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

**Paperwork Burden Statement**  
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**FEDERAL FINANCIAL REPORT**  
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Justice</b>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2007-GP-CX-0028</b>	Page of 1 1
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3. Recipient Organization (Name and complete address including Zip code)  
**Guam Bureau of Statistics and Plans  
 P.O. Box 2950 Hagatna, GU 96932-0000**

4a. DUNS Number <b>778904292</b>	4b. EIN <b>98-0017947</b>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <b>5101H070920SE1024</b>	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) <b>09/01/2007</b> To: (Month, Day, Year) <b>08/31/2010</b>	9. Reporting Period End Date <b>06/30/2010</b>
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**10. Transactions** Cumulative

(Use lines a-c for single or multiple grant reporting)

**Federal Cash (To report multiple grants also use FFR Attachment):**

a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o for single grant reporting)

**Federal Expenditures and Unobligated Balance:**

d. Total Federal funds authorized	\$ 55,909.00
e. Federal share of expenditures	\$ 52,329.58
f. Federal share of unliquidated obligations	\$ 658.93
g. Total Federal share (sum of lines e and f)	\$ 52,988.51
h. Unobligated balance of Federal funds (line d minus g)	\$ 2,920.49

**Recipient Share:**

i. Total recipient share required	\$ 0.00
j. Recipient share of expenditures	\$ 0.00
k. Remaining recipient share to be provided (line i minus j)	\$ 0.00

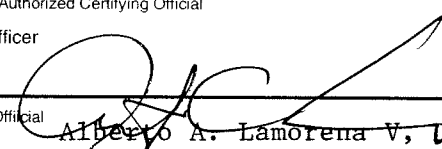
**Program Income:**

l. Total Federal program income earned	\$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	\$ 0.00
o. Unexpended program income (line l minus line m or line n)	\$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
g. Totals:							

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

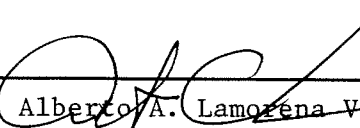
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a. Typed or Printed Name and Title of Authorized Certifying Official <b>Terry Cuabo, Administrative Officer</b>	c. Telephone (Area code, number and extension) <b>(671) 475-9682</b>
	d. Email address <b>tcuabo@mail.gov.gu</b>
b. Signature of Authorized Certifying Official  <b>Alberto A. Lamorena V, Director</b>	e. Date Report Submitted (Month, Day, Year) <b>07/22/2010</b>

14. Agency use only:  
 OJP Vendor Number: **980017947**  
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 Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

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**FEDERAL FINANCIAL REPORT**  
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Justice</b>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2006-RT-BX-0059</b>		Page 1 of 1			
3. Recipient Organization (Name and complete address including Zip code) <b>Guam Bureau of Statistics and Plans Post Office Box 2950 Hagatna, GU 96932-2950</b>							
4a. DUNS Number <b>855031506</b>	4b. EIN <b>98-0017947</b>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <b>5101H060920SE107</b>	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
8. Project/Grant Period From: (Month, Day, Year) <b>10/01/2005</b>		To: (Month, Day, Year) <b>09/30/2010</b>		9. Reporting Period End Date <b>06/30/2010</b>			
<b>10. Transactions</b>			<b>Cumulative</b>				
(Use lines a-c for single or multiple grant reporting)							
<b>Federal Cash (To report multiple grants also use FFR Attachment):</b>							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
(Use lines d-o for single grant reporting)							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized			\$ 39,891.00				
e. Federal share of expenditures			\$ 39,891.00				
f. Federal share of unliquidated obligations			\$ 0.00				
g. Total Federal share (sum of lines e and f)			\$ 39,891.00				
h. Unobligated balance of Federal funds (line d minus g)			\$ .00				
<b>Recipient Share:</b>							
i. Total recipient share required			\$ 0.00				
j. Recipient share of expenditures			\$ 0.00				
k. Remaining recipient share to be provided (line i minus j)			\$ 0.00				
<b>Program Income:</b>							
l. Total Federal program income earned			\$ 0.00				
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative			\$ 0.00				
o. Unexpended program income (line l minus line m or line n)			\$ 0.00				
<b>11. Indirect Expense</b>	a. Type Not Applicable	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:							
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official <b>Terry Cuabo, Administrative Officer</b>				c. Telephone (Area code, number and extension) <b>(671) 475-9682</b>			
b. Signature of Authorized Certifying Official  <b>Alberto A. Lamorena V, Director</b>				d. Email address <b>tcuabo@mail.gov.gu</b>			
				e. Date Report Submitted (Month, Day, Year) <b>07/22/2010</b>			
14. Agency use only: OJP Vendor Number: <b>980017947</b> Standard Form 425 OMB Approval Number: <b>0348-0061</b> Expiration Date: <b>10/31/2011</b>							
<b>Paperwork Burden Statement</b> According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503							



**FEDERAL FINANCIAL REPORT**  
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Justice</b>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2006-DJ-BX-0017</b>	Page 1 of 1
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3. Recipient Organization (Name and complete address including Zip code)  
**Guam Bureau of Statistics and Plans**  
**P.O. Box 2950 Hagatna, GU 96932-2950**

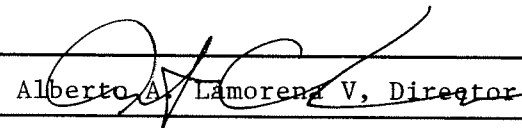
4a. DUNS Number 778904292	4b. EIN 98-0018947	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 5101H060920E1108	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2005 To: (Month, Day, Year) 09/30/2010	9. Reporting Period End Date 06/30/2010
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10. Transactions	Cumulative
(Use lines a-c for single or multiple grant reporting)	
<b>Federal Cash (To report multiple grants also use FFR Attachment):</b>	
a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	
(Use lines d-o for single grant reporting)	
<b>Federal Expenditures and Unobligated Balance:</b>	
d. Total Federal funds authorized	\$ 730,000.00
e. Federal share of expenditures	\$ 660,669.49
f. Federal share of unliquidated obligations	\$ 67,003.81
g. Total Federal share (sum of lines e and f)	\$ 727,673.30
h. Unobligated balance of Federal funds (line d minus g)	\$ 2,326.70
<b>Recipient Share:</b>	
i. Total recipient share required	\$ 0.00
j. Recipient share of expenditures	\$ 0.00
k. Remaining recipient share to be provided (line i minus j)	\$ 0.00
<b>Program Income:</b>	
l. Total Federal program income earned	\$ 14,534.86
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	\$ 14,534.86
o. Unexpended program income (line l minus line m or line n)	\$ 0.00
<b>11. Indirect Expense</b>	
a. Type	b. Rate
c. Period From	Period To
d. Base	e. Amount Charged
f. Federal Share	
g. Totals:	

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

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer	c. Telephone (Area code, number and extension) (671) 475-9682
	d. Email address tcuabo@mail.gov.gu
b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) 07/22/2010

14. Agency use only:  
 OJP Vendor Number: 980017947  
 Standard Form 425 OMB  
 Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

**Paperwork Burden Statement**  
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (03448-0060), Washington, DC 20503

# FEDERAL FINANCIAL REPORT

(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Justice</b>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2007-CD-BX-0061</b>	Page <b>1</b> of <b>1</b>
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3. Recipient Organization (Name and complete address including Zip code)  
**Guam Bureau of Statistics and Plans  
 P.O. Box 2950 Hagatna, GU 96932-2950**

4a. DUNS Number <b>778904292</b>	4b. EIN <b>98-0018947</b>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <b>5101E080933PA101</b>	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) <b>10/01/2007</b> To: (Month, Day, Year) <b>09/30/2010</b>	9. Reporting Period End Date <b>06/30/2010</b>
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10. Transactions	Cumulative					
(Use lines a-c for single or multiple grant reporting)						
<b>Federal Cash (To report multiple grants also use FFR Attachment):</b>						
a. Cash Receipts						
b. Cash Disbursements						
c. Cash on Hand (line a minus b)						
(Use lines d-o for single grant reporting)						
<b>Federal Expenditures and Unobligated Balance:</b>						
d. Total Federal funds authorized	\$ 96,594.00					
e. Federal share of expenditures	\$ 69,398.15					
f. Federal share of unliquidated obligations	\$ 27,195.85					
g. Total Federal share (sum of lines e and f)	\$ 96,594.00					
h. Unobligated balance of Federal funds (line d minus g)	\$ .00					
<b>Recipient Share:</b>						
i. Total recipient share required	\$ 0.00					
j. Recipient share of expenditures	\$ 0.00					
k. Remaining recipient share to be provided (line i minus j)	\$ 0.00					
<b>Program Income:</b>						
l. Total Federal program income earned	\$ 0.00					
m. Program income expended in accordance with the deduction alternative						
n. Program income expended in accordance with the addition alternative	\$ 0.00					
o. Unexpended program income (line l minus line m or line n)	\$ 0.00					
<b>11. Indirect Expense</b>						
a. Type      b. Rate      c. Period From      Period To      d. Base      e. Amount Charged      f. Federal Share						
g. Totals:						

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


**13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)**

a. Typed or Printed Name and Title of Authorized Certifying Official <b>Terry Cuabo, Administrative Officer</b>	c. Telephone (Area code, number and extension) <b>(671) 475-9682</b>
b. Signature of Authorized Certifying Official 	d. Email address <b>tcuabo@mail.gov.gu</b>
	e. Date Report Submitted (Month, Day, Year) <b>07/22/2010</b>

14. Agency use only:  
 OJP Vendor Number: **980017947**  
 Standard Form 425 OMB  
 Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

**Paperwork Burden Statement**  
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**FEDERAL FINANCIAL REPORT**  
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Justice</b>			2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2005-RT-BX-0054</b>			Page 1 of 1	
3. Recipient Organization (Name and complete address Including Zip code) <b>Guam Bureau of Statistics and Plans Post Office Box 2950Hagatna, GU 96932-2950</b>							
4a. DUNS Number <b>855031506</b>	4b. EIN <b>98-0017947</b>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <b>5101H050920SE107</b>			6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Project/Grant Period From: (Month, Day, Year) <b>10/01/2004</b> To: (Month, Day, Year) <b>09/30/2010</b>				9. Reporting Period End Date <b>06/30/2010</b>			
<b>10. Transactions</b>					<b>Cumulative</b>		
(Use lines a-c for single or multiple grant reporting)							
<b>Federal Cash (To report multiple grants also use FFR Attachment):</b>							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
(Use lines d-o for single grant reporting)							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized					\$ 135,913.00		
e. Federal share of expenditures					\$ 106,594.53		
f. Federal share of unliquidated obligations					\$ 29,318.47		
g. Total Federal share (sum of lines e and f)					\$ 135,913.00		
h. Unobligated balance of Federal funds (line d minus g)					\$ .00		
<b>Recipient Share:</b>							
i. Total recipient share required					\$ 0.00		
j. Recipient share of expenditures					\$ 0.00		
k. Remaining recipient share to be provided (line i minus j)					\$ 0.00		
<b>Program Income:</b>							
l. Total Federal program income earned					\$ 0.00		
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative					\$ 0.00		
o. Unexpended program income (line l minus line m or line n)					\$ 0.00		
<b>11. Indirect Expense</b>	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
g. Totals:							
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official <b>Terry Cuabo, Administrative Officer</b>				c. Telephone (Area code, number and extension) <b>(671) 475-9682</b>			
b. Signature of Authorized Certifying Official  <b>Alberto A. Lamorena V., Director</b>				d. Email address <b>tcuabo@mail.gov.gu</b>			
				e. Date Report Submitted (Month, Day, Year) <b>07/22/2010</b>			
14. Agency use only: OJP Vendor Number: <b>980017947</b> Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011							
<b>Paperwork Burden Statement</b> According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (03448-0060), Washington, DC 20503							

# FEDERAL FINANCIAL REPORT

(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Justice</b>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2005-DJ-BX-0071</b>	Page <b>1</b> of <b>1</b>
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3. Recipient Organization (Name and complete address including Zip code)  
**Guam Bureau of Statistics and Plans  
 P.O. Box 2950 Hagatna, GU 96932-2950**

4a. DUNS Number <b>778904292</b>	4b. EIN <b>98-0018947</b>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <b>5101H050920E1108</b>	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) <b>10/01/2004</b> To: (Month, Day, Year) <b>09/30/2010</b>	9. Reporting Period End Date <b>06/30/2010</b>
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**10. Transactions** Cumulative

(Use lines a-c for single or multiple grant reporting)

**Federal Cash (To report multiple grants also use FFR Attachment):**

a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o for single grant reporting)

**Federal Expenditures and Unobligated Balance:**

d. Total Federal funds authorized	\$ 1,238,750.00
e. Federal share of expenditures	\$ 1,238,750.00
f. Federal share of unliquidated obligations	\$ 0.00
g. Total Federal share (sum of lines e and f)	\$ 1,238,750.00
h. Unobligated balance of Federal funds (line d minus g)	\$ .00

**Recipient Share:**

i. Total recipient share required	\$ 0.00
j. Recipient share of expenditures	\$ 0.00
k. Remaining recipient share to be provided (line i minus j)	\$ 0.00

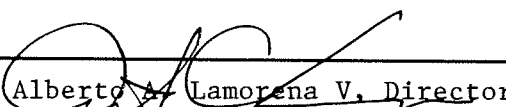
**Program Income:**

l. Total Federal program income earned	\$ 73,692.54
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	\$ 50,523.87
o. Unexpended program income (line l minus line m or line n)	\$ 23,168.67

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
g. Totals:							

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


**13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)**

a. Typed or Printed Name and Title of Authorized Certifying Official <b>Terry Cuabo, Administrative Officer</b>	c. Telephone (Area code, number and extension) <b>(671) 475-9682</b>
	d. Email address <b>tcuabo@mail.gov.gu</b>
b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) <b>07/22/2010</b>

14. Agency use only:  
 OJP Vendor Number: **980017947**  
 Standard Form 425 OMB  
 Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

**Paperwork Burden Statement**  
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (03448-0060), Washington, DC 20503

**FEDERAL FINANCIAL REPORT**  
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Justice</b>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2005-DJ-BX-0071</b>		Page 1 of 1			
3. Recipient Organization (Name and complete address including Zip code) <b>Guam Bureau of Statistics and Plans P.O. Box 2950 Hagatna, GU 96932-2950</b>							
4a. DUNS Number <b>778904292</b>	4b. EIN <b>98-0018947</b>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <b>5101H050920E1108</b>	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
8. Project/Grant Period From: (Month, Day, Year) <b>10/01/2004</b> To: (Month, Day, Year) <b>09/30/2010</b>			9. Reporting Period End Date <b>09/30/2010</b>				
<b>10. Transactions</b>			<b>Cumulative</b>				
(Use lines a-c for single or multiple grant reporting)							
<b>Federal Cash (To report multiple grants also use FFR Attachment):</b>							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
(Use lines d-o for single grant reporting)							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized			\$ 1,238,750.00				
e. Federal share of expenditures			\$ 1,238,750.00				
f. Federal share of unliquidated obligations			\$ 0.00				
g. Total Federal share (sum of lines e and f)			\$ 1,238,750.00				
h. Unobligated balance of Federal funds (line d minus g)			\$ .00				
<b>Recipient Share:</b>							
i. Total recipient share required			\$ 0.00				
j. Recipient share of expenditures			\$ 0.00				
k. Remaining recipient share to be provided (line i minus j)			\$ 0.00				
<b>Program Income:</b>							
l. Total Federal program income earned			\$ 73,692.54				
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative			\$ 50,523.87				
o. Unexpended program income (line l minus line m or line n)			\$ 23,168.67				
<b>11. Indirect Expense</b>	a. Type Not Applicable	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:							
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official <b>Terry Cuabo, Administrative Officer</b>				c. Telephone (Area code, number and extension) <b>(671) 475-9682</b>			
				d. Email address <b>tcuabo@mail.gov.gu</b>			
b. Signature of Authorized Certifying Official  <b>Alberto A. Lamorena V. Director</b>				e. Date Report Submitted (Month, Day, Year) <b>07/22/2010</b>			
14. Agency use only: OJP Vendor Number: <b>980017947</b> Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011							
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