

Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014
Expiration Date: 02/28/2025

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Commerce/National Telecommunications and Information Administration		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 66-08-I2208	
3. Recipient Organization (Name and complete address including Zip code)			
Recipient Organization Name: Government of Guam Bureau of Statistics and Plans			
Street1: 590 S Marine Corps Drive STE 219 ITC Building			
Street2:			
City: Tamuning		County:	
State: GU: Guam		Province:	
Country: USA: UNITED STATES		ZIP / Postal Code: 96913-3507	
4a. UEI J5DHQHSHTJE7		4b. EIN 980018947	
5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 5101F220910IB110/1			
6. Report Type <input type="checkbox"/> Quarterly <input checked="" 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: 03/01/2021 To: 02/28/2023		9. Reporting Period End Date 09/30/2022	
10. Transactions			
			Cumulative
<i>(Use lines a-c for single or multiple grant reporting)</i>			
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts			0.00
b. Cash Disbursements			0.00
c. Cash on Hand (line a minus b)			0.00
<i>(Use lines d-o for single grant reporting)</i>			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			12,770,692.18
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)			12,770,692.18
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			0.00
n. Program Income expended in accordance with the addition alternative			0.00
o. Unexpended program income (line l minus line m and line n)			0.00

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
g. Totals:				<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: <div style="border: 1px solid black; height: 20px; width: 250px; margin-top: 5px;"></div> <div style="display: flex; justify-content: flex-end; gap: 5px; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px 5px;">Add Attachment</div> <div style="border: 1px solid black; padding: 2px 5px;">Delete Attachment</div> <div style="border: 1px solid black; padding: 2px 5px;">View Attachment</div> </div>						
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).						
a. Name and Title of Authorized Certifying Official <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Prefix: <div style="border: 1px solid black; width: 60px; height: 20px;"></div></div> <div>First Name: <div style="border: 1px solid black; padding: 0 20px;">Lola</div></div> <div>Middle Name: <div style="border: 1px solid black; padding: 0 20px;">E.</div></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Last Name: <div style="border: 1px solid black; padding: 0 20px;">Leon Guerrero</div></div> <div>Suffix: <div style="border: 1px solid black; width: 60px; height: 20px;"></div></div> </div> <div style="margin-top: 5px;">Title: <div style="border: 1px solid black; padding: 0 20px;">Director</div></div>						
b. Signature of Authorized Certifying Official <div style="border: 1px solid black; height: 40px; width: 100%; position: relative;"> </div>				c. Telephone (Area code, number and extension) <div style="border: 1px solid black; padding: 2px; width: 150px;">671-472-4201</div>		
d. Email Address <div style="border: 1px solid black; padding: 2px; width: 350px;">lola1g@bsp.guam.gov</div>				e. Date Report Submitted <div style="border: 1px solid black; padding: 2px; width: 80px;">10/27/2022</div>		14. Agency use only:

GUAM BROADBAND INFRASTRUCTURE PROGRAM

Run Date . : 10/27/22 STATEMENT OF APPROPRIATIONS, ALLOTMENT, OUTSTANDING ENCUMBRANCE AND EXPENDITURES Page . : 1
 Run Time . : 12:58:44 Program: PRTAPPN

User ID. . . . : BOPCUABT
 To date. . . . : 10/2022
 Account. . . . : 5101F220910IB111 Exclude Object Codes:
 Dept/Division :

Account Number	Account Name				
<u>Top Appropriation</u>	<u>YTD Allotment</u>	<u>YTD Expenditures</u>	<u>O/S Encumbrance</u>	<u>Available Funds</u>	<u>Unallotted Balance</u>
5101F220910IB111280	BROADBAND INFRASTR	PROG - ITE			
11,360,146.93	11,360,146.93			11,360,146.93	

IB111	PROGRAM TOTALS	Count:	1		
11,360,146.93	11,360,146.93			11,360,146.93	

10	DIVISION TOTALS	Count:	1		
11,360,146.93	11,360,146.93			11,360,146.93	

09	DEPARTMENT TOTALS:	Count:	1		
11,360,146.93	11,360,146.93			11,360,146.93	

F22	APTP+FY TOTALS:	Count:	1		
11,360,146.93	11,360,146.93			11,360,146.93	

101	FUND TOTALS:	Count:	1		
11,360,146.93	11,360,146.93			11,360,146.93	

FINAL	TOTALS	Count:	1		
11,360,146.93	11,360,146.93			11,360,146.93	

User ID. . . : BOPCUABT
To date. . . : 10/2022
Account. . . : 5101F220910IB11
Dept/Division :

Exclude Object Codes:

Account Number	Account Name	YTD Allotment	YTD Expenditures	O/S Encumbrance	Available Funds	Unallotted Balance
5101F220910IB110280	BROADBAND INFRASTR	1,410,545.25	1,410,545.25			
IB110	PROGRAM TOTALS	Count: 1				1,410,545.25
	1,410,545.25					1,410,545.25
5101F220910IB111280	BROADBAND INFRASTR	11,360,146.93	11,360,146.93		11,360,146.93	
IB111	PROGRAM TOTALS	Count: 1			11,360,146.93	
	11,360,146.93				11,360,146.93	
10	DIVISION TOTALS	Count: 2			11,360,146.93	1,410,545.25
	12,770,692.18				11,360,146.93	1,410,545.25
09	DEPARTMENT TOTALS:	Count: 2			11,360,146.93	1,410,545.25
	12,770,692.18				11,360,146.93	1,410,545.25
F22	APTYF+FY TOTALS:	Count: 2			11,360,146.93	1,410,545.25
	12,770,692.18				11,360,146.93	1,410,545.25
101	FUND TOTALS:	Count: 2			11,360,146.93	1,410,545.25
	12,770,692.18				11,360,146.93	1,410,545.25
FINAL	TOTALS	Count: 2			11,360,146.93	1,410,545.25
	12,770,692.18				11,360,146.93	1,410,545.25

Grants Settlement Report

ALC/Region:	13060001/02	Short Name:	NTIA
Recipient ID:	1141617	Recipient Name:	GUAM HOMELAND SECURITY OFFIC
Award No:	66-08-I2208		
Settlement Date From:	2/25/2022	Through:	9/30/2022

Settlement Date	Transaction Type	Document Type	Document No	Authorization	Draws	Account Balance
02/25/2022	AUTHORIZATION	GRANT	468596	\$12,770,692.18		\$12,770,692.18
Totals:				\$12,770,692.18		

APPROVED
By Kimberly Campbell Shields at 9:23 am, Mar 01, 2023

Federal Financial Report

(Follow form instructions)

OMB Number: 4040-0014
Expiration Date: 02/28/2025

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Commerce/National Telecommunications and Information Administration		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 66-08-I2208	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: Government of Guam Bureau of Statistics and Plans Street1: 590 S Marine Corps Drive STE 219 ITC Building Street2: City: Tamuning County: State: GU: Guam Province: Country: USA: UNITED STATES ZIP / Postal Code: 96913-3507			
4a. UEI J5DHQHSHTJE7	4b. EIN 980018947	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 5101F220910IB110/1	
6. Report Type <input type="checkbox"/> Quarterly <input checked="" 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: 03/01/2022 To: 02/28/2025	9. Reporting Period End Date 03/31/2023
10. Transactions <i>(Use lines a-c for single or multiple grant reporting)</i>		Cumulative	
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts		17,976.15	
b. Cash Disbursements		17,976.15	
c. Cash on Hand (line a minus b)		0.00	
<i>(Use lines d-o for single grant reporting)</i>			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized		12,770,692.18	
e. Federal share of expenditures		17,976.15	
f. Federal share of unliquidated obligations		11,342,170.78	
g. Total Federal share (sum of lines e and f)		11,360,146.93	
h. Unobligated balance of Federal Funds (line d minus g)		1,410,545.25	
Recipient Share:			
i. Total recipient share required		140,994.53	
j. Recipient share of expenditures		0.00	
k. Remaining recipient share to be provided (line i minus j)		140,994.53	
Program Income:			
l. Total Federal program income earned		0.00	
m. Program Income expended in accordance with the deduction alternative		0.00	
n. Program Income expended in accordance with the addition alternative		0.00	
o. Unexpended program income (line l minus line m and line n)		0.00	

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Totals:				<input type="text"/>	<input type="text"/>	<input type="text"/>

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

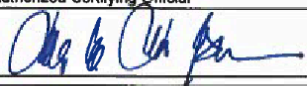
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

a. Name and Title of Authorized Certifying Official

Prefix: First Name: Middle Name: Last Name: Suffix:

Title:

b. Signature of Authorized Certifying Official



c. Telephone (Area code, number and extension)

d. Email Address

e. Date Report Submitted

14. Agency use only:

Standard Form 425

4/14/23

NTIA - Broadband Infrastructure Grant - GTA

As of 3/21/23

Run Date : 4/14/23 STATEMENT OF APPROPRIATIONS, ALLOTMENT, OUTSTANDING ENCUMBRANCE AND EXPENDITURES
Run Time : 9:59:58

Page : 1
Program: PRTAPPN

User ID : BOPCUABT
To date : 3/2023
Account : 5101F220910IB110
Dept/Division :

Exclude Object Codes:

Account Number	Account Name				
Tot Appropriation	YTD Allotment	YTD Expenditures	O/S Encumbrance	Available Funds	Unallotted Balance
5101F220910IB110280	BROADBAND INFRASTR	PROG - GTA			
1,410,545.25					1,410,545.25
IB110 PROGRAM TOTALS	Count:	1			
1,410,545.25					1,410,545.25
10 DIVISION TOTALS	Count:	1			
1,410,545.25					1,410,545.25
09 DEPARTMENT TOTALS:	Count:	1			
1,410,545.25					1,410,545.25
F22 APTYP+FY TOTALS:	Count:	1			
1,410,545.25					1,410,545.25
101 FUND TOTALS:	Count:	1			
1,410,545.25					1,410,545.25
FINAL TOTALS	Count:	1			
1,410,545.25					1,410,545.25

NTIA - Broadband Infrastructure Grant - ITE

As of: 3/31/23

Run Date : 4/14/23 STATEMENT OF APPROPRIATIONS, ALLOTMENT, OUTSTANDING ENCUMBRANCE AND EXPENDITURES
Run Time : 9:48:58

Page : 1
Program: PRTAPPN

User ID : BOPCUABT
To date : 3/2023
Account : 5101F220910IB111
Dept/Division :

Exclude Object Codes:

Account Number	Account Name	YTD Allotment	YTD Expenditures	O/S Encumbrance	Available Funds	Unallotted Balance
5101F220910IB111280	BROADBAND INFRASTR	PROG - ITE				
11,360,146.93	11,360,146.93		17,976.15	11,342,170.78		

IB111 PROGRAM TOTALS	Count:	1				
11,360,146.93	11,360,146.93		17,976.15	11,342,170.78		

10 DIVISION TOTALS	Count:	1				
11,360,146.93	11,360,146.93		17,976.15	11,342,170.78		

09 DEPARTMENT TOTALS	Count:	1				
11,360,146.93	11,360,146.93		17,976.15	11,342,170.78		

F22 APTYP+FY TOTALS	Count:	1				
11,360,146.93	11,360,146.93		17,976.15	11,342,170.78		

101 FUND TOTALS	Count:	1				
11,360,146.93	11,360,146.93		17,976.15	11,342,170.78		

FINAL TOTALS	Count:	1				
11,360,146.93	11,360,146.93		17,976.15	11,342,170.78		

Expenditures

2022 - 0-

2023 - 17,976.15 (10/1/22 - 3/31/23)

17,976.15

User ID. . . . : BOPCUABT
To date. . . . : 9/2022
Account. . . . : S101F220910IB111 Exclude Object Codes:
Dept/Division :

Account Number	Account Name	YTD Expenditures	O/S Encumbrance	Available Funds	Unallotted Balance
<u>Tot Appropriation</u>	<u>YTD Allotment</u>	<u>YTD Expenditures</u>			
S101F220910IB111280	BROADBAND INFRASTR	PROG - ITE			
11,360,146.93	11,360,146.93			11,360,146.93	

IB111 PROGRAM TOTALS	Count:	1			
11,360,146.93	11,360,146.93			11,360,146.93	

10 DIVISION TOTALS	Count:	1			
11,360,146.93	11,360,146.93			11,360,146.93	

09 DEPARTMENT TOTALS	Count:	1			
11,360,146.93	11,360,146.93			11,360,146.93	

F22 APTTP+FY TOTALS	Count:	1			
11,360,146.93	11,360,146.93			11,360,146.93	

101 FUND TOTALS	Count:	1			
11,360,146.93	11,360,146.93			11,360,146.93	

FINAL TOTALS	Count:	1			
11,360,146.93	11,360,146.93			11,360,146.93	

Run Date . : 4/14/23
Run Time . : 9:49:08
User ID . :
Account ID : S101F220910IB111

DEPARTMENT OF ADMINISTRATION
ACCOUNT LEDGER

BROADBAND INFRASTR PROG - ITE

Page . : 1
Program: PRTFLED

Date last DR. . : 3/24/2023
Date last CR. . :
Date last FY. . : 3/29/2023

Add UserId Add Date
ACCM035 3/24/2023
PSTAJVFG 3/31/2023

Trans Date	Code	Debit Amt	Credit Amt	Payment Amt	Ending Bal
3/24/2023	1 101	17976.15			17976.15
3/29/2023	1 103			17976.15-	
FINAL TOTALS		Count: 17,976.15	2		17,976.15-

Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014

Expiration Date: 02/28/2025

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Commerce/National Telecommunications and Information Administration		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 66-08-I2208	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: Government of Guam Bureau of Statistics and Plans Street1: 590 S Marine Corps Drive STE 219 ITC Building Street2: City: Tamuning County: State: GU: Guam Province: Country: USA: UNITED STATES ZIP / Postal Code: 96913-3507			
4a. UEI J5DBQHSHTJE7		4b. EIN 980918947	
5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 5101F220910IB110/1			
6. Report Type <input type="checkbox"/> Quarterly <input checked="" 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: 03/01/2022 To: 02/28/2025		9. Reporting Period End Date 09/30/2023	
10. Transactions (Use lines a-c for single or multiple grant reporting)			
Cumulative			
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts		1,355,648.64	
b. Cash Disbursements		1,355,648.64	
c. Cash on Hand (line a minus b)		0.00	
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized		12,770,692.18	
e. Federal share of expenditures		1,355,648.64	
f. Federal share of unliquidated obligations		11,415,043.54	
g. Total Federal share (sum of lines e and f)		12,770,692.18	
h. Unobligated balance of Federal Funds (line d minus g)		0.00	
Recipient Share:			
i. Total recipient share required		140,994.53	
j. Recipient share of expenditures		0.00	
k. Remaining recipient share to be provided (line i minus j)		140,994.53	
Program Income:			
l. Total Federal program income earned		0.00	
m. Program Income expended in accordance with the deduction alternative		0.00	
n. Program Income expended in accordance with the addition alternative		0.00	
o. Unexpended program income (line l minus line m and line n)		0.00	

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Totals:				<input type="text"/>	<input type="text"/>	<input type="text"/>

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

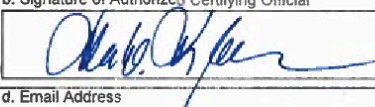
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

a. Name and Title of Authorized Certifying Official

Prefix: First Name: Middle Name: Last Name: Suffix:

Title:

b. Signature of Authorized Certifying Official



c. Telephone (Area code, number and extension)

d. Email Address

e. Date Report Submitted

14. Agency use only:

Standard Form 425

10/24/23