C. Federal Reserve Bank of Minneapolis (JoAnne F. Lewellen, Assistant Vice President) 90 Hennepin Avenue, P.O. Box 291, Minneapolis, Minnesota 55480-0291:

1. North County Financial Corporation, Manistique, Michigan; to acquire directly and indirectly not less than 28 percent of the voting shares of Northpointe Bancshares, Inc., Grand Rapids Township, Michigan, and thereby indirectly acquire Northpointe Bank, Grand Rapids Township, Michigan (a *de novo* bank).

D. Federal Reserve Bank of Kansas City (D. Michael Manies, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. Commerce Bancshares, Inc., Adair, Oklahoma; to merge with Chelsea Bancshares, Inc., Chelsea, Oklahoma, and thereby indirectly acquire Bank of Chelsea, Chelsea, Oklahoma.

E. Federal Reserve Bank of Dallas (W. Arthur Tribble, Vice President) 2200 North Pearl Street, Dallas, Texas 75201-2272:

1. Mercantile Bancorp, Inc., Dallas, Texas and Mercantile Delaware Bancorp, Inc., Dover, Delaware; to become bank holding companies by acquiring 100 percent of the voting shares of First Mercantile Bank, N.A., Dallas, Texas.

F. Federal Reserve Bank of San Francisco (Maria Villanueva, Manager of Analytical Support, Consumer Regulation Group) 101 Market Street, San Francisco, California 94105-1579:

1. Newco Alaska, Inc., Ketchikan, Alaska; to become a bank holding company by acquiring 100 percent of the voting shares of First Bancorp, Inc., Ketchikan, Alaska, and thereby indirectly acquire First Bank, Ketchikan, Alaska.

Board of Governors of the Federal Reserve System, March 9, 1999.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 99–6208 Filed 3–12–99; 8:45 am]

BILLING CODE 6210–01–F

FEDERAL RESERVE SYSTEM

Notice of Proposals to Engage in Permissible Nonbanking Activities or to Acquire Companies that are Engaged in Permissible Nonbanking Activities

The companies listed in this notice have given notice under section 4 of the Bank Holding Company Act (12 U.S.C. 1843) (BHC Act) and Regulation Y, (12 CFR Part 225) to engage *de novo*, or to acquire or control voting securities or assets of a company, including the companies listed below, that engages either directly or through a subsidiary or other company, in a nonbanking activity that is listed in § 225.28 of Regulation Y (12 CFR 225.28) or that the Board has determined by Order to be closely related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. The notice also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than March 29, 1999.

A. Federal Reserve Bank of Minneapolis (JoAnne F. Lewellen, Assistant Vice President) 90 Hennepin Avenue, P.O. Box 291, Minneapolis, Minnesota 55480-0291:

1. Guaranty Development Company, Livingston, Montana; to engage *de novo*, through its subsidiary, Kennedy American Mortgage LLC, Bozeman, Montana, in a joint venture in residential mortgage loan origination activities, pursuant to § 225.28(b)(1) of Regulation Y.

Board of Governors of the Federal Reserve System, March 9, 1999.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 99–6209 Filed 3–12–99; 8:45 am]

BILLING CODE 6210–01–F

GENERAL SERVICES ADMINISTRATION

Office of Governmentwide Policy; Stocking Change of a Standard Form

AGENCY: General Services Administration.

ACTION: Notice.

SUMMARY: Because of low usage the 7-part version of the following Standard Form is now authorized for local reproduction:

SF 1109, U.S. Government Bill of Lading—Continuation Sheet

The nine-part version of the SF 1109 (NSN 7540–00–656–1477) is still available from the Federal Supply Service.

You can obtain the revised camera copy in two ways:

On the internet. Address: http://www.gsa.gov/forms/forms.htm, or; From Forms-X, Attn.: Barbara Williams, (202) 501–0581.

DATES: Effective March 15, 1999.

FOR FURTHER INFORMATION CONTACT: Ms. Barbara Williams, General Services Administration, (202) 501–0581.

Dated: March 8, 1999.

Barbara M. Williams,

Deputy Standard and Optional Forms Management Officer.

[FR Doc. 99–6194 Filed 3–12–99; 8:45 am]

BILLING CODE 6820–34–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO–99–11]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Center for Disease Control and Prevention. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639–7090.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques for other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received with 60 days of this notice.

Proposed Project

1. National Sexually Transmitted Disease Morbidity Surveillance System—Extension—(0920–0011)—The National Center for HIV, STD, and TB Prevention (NCHSTP)—The reports used for this surveillance system provide ongoing surveillance data on national sexually transmitted disease

morbidity. The data are used by health care planners at the national, state, and local (including selected metropolitan and territorial health departments) levels to develop and evaluate STD prevention and control programs. In addition, there are many other users of the data including scientists, researchers, educators, and the media. STD data gathered in these reports are used to produce national statistics published in the annual STD Surveillance Report, MMWR articles, and serve as a progress report to meet objectives in *Healthy People 2000: Midcourse Review and 1995 Revisions.* It is important to note that these reporting forms are in the process of being phased out and replaced by electronic, line-listed STD data collected in the National Electronic Telecommunications System for Surveillance (NETSS).

Costs are covered by way of cooperative agreements to the project areas. The annual cost to respondents is estimated at $12,627 based on an estimated hourly salary of $15.25 for health department personnel responsible for completing these forms.

Forms	No. of respondents	No. of responses/respondent	Avg. burden (in hrs.)	Total burden (in hrs.)
CDC 73.688*	36	4	1	144
CDC 73.688**	27	4	1	108
CDC 73.998	36	12	0.5833	252
CDC 73.2638	36	3	3	324
Total				828

**State-level reporting:* Respondents for the state-specific CDC 73.688 forms now include 26 state health departments (originally, respondents included 50 states, but 24 states have now discontinued hardcopy reporting and send all STD data as electronic line-listed records through NETSS), seven large city health departments and three outlying areas.

** *City-level reporting:* The health departments for the 26 states and one of the outlying regions (Puerto Rico) also prepare and submit reports for additional large cities within their jurisdictions.

2. Evaluation of the Needlestick Injury Alert—NEW—The mission of the National Institute of Occupational Safety and Health (NIOSH) is to promote ''safety and health at work for all people through research and prevention.'' NIOSH not only investigates and identifies occupational safety and health hazards, the Institute also develops recommendations for controlling those hazards. In some cases, NIOSH distributes these recommendations about the hazard directly to affected workplaces.

One way that NIOSH accomplishes this is through the Alert. The Alert is usually a six to ten page document that outlines the causes and detection of the hazard and recommendations for controlling the risk to workers. One of the central goals of the Alert is to educate employers and encourage them to take steps to reduce the risks to their workers. It is also important that the recommendations in the Alert provide them with sufficient information.

The Alert chosen for this study concerns the risk of needlestick injuries (NSI) to health care workers. Although there is not precise information about the frequency of NSI in the United States, it has been estimated that approximately 800,000 of these injuries occur each year. As a result of NSI, health care workers can be exposed to HIV, and the Hepatitis B and C viruses. It is believed that the incidence of NSI account for the majority of occupational transmission of these pathogens to health care workers.

In the proposed study, NIOSH will send the Alert to one of two individuals with formal responsibility for employee health and safety in hospitals—Directors of Infection Control and Directors of Health and Safety. NIOSH will then follow-up with a randomly selected sample of hospitals at two points in time. The recipient of the Alert will be interviewed two to six weeks after the Alert was sent and ten to fourteen weeks later, the other key individual will be interviewed.

Broadly, the goals of the study are to: (1) assess whether, and under what circumstances, the Alert encourages employers to adopt control measures, and (2) ascertain whether the information in the Alert assists employers in implementing control measures. Overall, the hope is that the study will reveal ways of making the Alert a more effective tool for primary prevention. The total cost to respondents is $0.00.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden per response	Total burden
Directors of Infection Control	450	1	0.3333	149
Directors of Health and Safety	450	1	0.3333	149
Total				297

3. Cancer Morbidity and Mortality Among Current and Former Employees of the National Center for Health Statistics—NEW—Employees of the National Center for Health Statistics (NCHS) have raised concerns regarding the number of cancers occurring among the staff in recent years and have asked NCHS management to investigate this possible cancer excess. The purpose of the proposed study is to determine the actual number of cancers that have been diagnosed among the employees of NCHS since 1991, and to determine whether the rate of cancer deviates from what would be expected based on rates for the Washington suburban area. A questionnaire will be sent to each person employed at NCHS during 1991 asking whether s/he has been diagnosed with cancer and requesting permission to contact their physician for confirmation; other questions will be included on the questionnaire, including their family history of cancer, location of NCHS office, and smoking status. These data will be used to judge whether the employee cohort has an unusual cancer risk profile compared to other similar cohorts and, subsequently, whether an in-depth epidemiologic study is necessary. Respondents include both current and former employees, but

for purposes of calculating a total burden under the Paperwork Reduction Act of 1995, only retirees and other former employees are counted. The total cost to respondents is estimated at $645.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Former employees	86	1	0.25	21.5

Dated: February 24, 1999.

Nancy Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 99–6211 Filed 3–12–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Registration and Listing Grassroots Meetings for Medical Device Manufacturers

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of meetings.

SUMMARY: The Food and Drug Administration (FDA) is announcing the following two open public meetings: Registration and Listing Grassroots Meetings. The topic to be discussed at these meetings is FDA's intention to propose changes to the current medical device registration and listing system. These meetings are being conducted to provide a forum in which FDA can obtain industry views on changes to the device registration and listing system that FDA is currently considering. The changes being considered are aimed at streamlining the collection of registration and listing data, improving the accuracy and quality of the data in the system, and decreasing the time it takes manufacturers to register their establishments and list their devices, while ultimately reducing FDA's cost of maintaining the registration and listing system.

DATES: See Table 1 in the ''**SUPPLEMENTARY INFORMATION**'' section of this document.

ADDRESSES: See Table 1 in the ''**SUPPLEMENTARY INFORMATION**'' section of this document.

FOR FURTHER INFORMATION CONTACT:

For general meeting program information: Bonnie H. Malkin, Office of Health and Industry Programs (HFZ–200), Center for Devices and Radiological Health, Food and Drug Administration, 1350 Piccard Dr., Rockville, MD 20850, 301–443–2845.

For registration information: Mark S. Roh, Pacific Region, Food and Drug Administration, 1301 Clay St., suite 1180N, Oakland, CA 94612–5217, (FAX) 510–637–3977.

Those persons interested in attending these meetings, should fax their registration to 510–637–3977, including name and position/title, company name, mailing address, and telephone and fax numbers. There is no charge to attend these meetings, but advance registration is requested due to limited seating. If you need special accommodations due to a disability, please contact Mark S. Roh at least 7 days in advance.

SUPPLEMENTARY INFORMATION: Over the past one and a half years, FDA has reviewed the entire registration and listing process to determine if the process can be made more efficient and accurate. This was one of many reengineering efforts conducted by the Center for Devices and Radiological Health (CDRH). This reengineering effort has resulted in a number of suggestions aimed at improving the registration and listing process for both FDA and industry. These meetings will help FDA obtain the medical device industry perspective on the changes under consideration and suggestions for additional changes.

Some of the changes that FDA is currently considering include the following:

(1) Require industry submission of registration and listing information through the World Wide Web (WEB). What are the advantages and disadvantages to industry and how would industry be affected if WEB submissions were mandated?

(2) Require that owners and parent companies register and list and take responsibility for the registration and listing of their establishments. What is the highest level in a company that should be responsible for registration and listing and how should this level be defined/described?

(3) Require that additional data elements be submitted to FDA, e.g., premarket submission numbers for those devices that have gone through the premarket notification (510(k)), premarket approval, or product development protocol process.

(4) Because of the ease of submission through the WEB, require that firms register and list within 5 days (current requirement is 30 days) of entering into an operation that requires registration and listing.

A summary report of the meetings will be available on the CDRH website approximately 15 working days after the meetings. The CDRH home page may be accessed at ''http://www.fda.gov/cdrh'' .

TABLE 1.—MEETING SCHEDULES

Meeting Address	Dates	Times
Northern California Meeting Airport Hyatt, San Jose, 1740 North First St., San Jose, CA 95112, 408–993–1234.	Tuesday, April 20, 1999	Registration: 7:30 a.m. Meeting: 8:30 a.m. to 12 m.
Southern California Meeting FDA Los Angeles District Office, 19900 MacArthur Blvd., suite 300, Irvine, CA 92612, 949–798–7714.	Wednesday, April 21, 1999	Registration: 7:30 a.m. Meeting: 8:30 a.m. to 12 m.