Lee, President, (Qualifying Individual), Michael Ma, Vice President

U.S. Marine Lines Inc., 1333 Broadway, #1222, New York, NY 10018, Officers: Jacob T. Puthenparambil, President, (Qualifying Individual), Shantiial Fernado, Secretary

Rical Air Express Inc. d/b/a Rical Logistics, 9100 S. Sepulveda Blvd., Suite 117, Los Angeles, CA 90045, Officers: Gabriel Lee, President, Charles Cheung, Vice President, (Qualifying Individual)

EMO Trans L.A. Inc., 11100 Hindry Avenue, Los Angeles, CA 90045, Officers: Jo Frigger, President, Marco Rohrer, Exec. Vice President, (Qualifying Individual)

Japan Express America Inc. d/b/a, Japan Express, 18 Essex Road, Paramus, NJ 07652, Officers: Minoru Kawabata, President, Minoru Wada, Exec. Vice President, (Qualifying Individual) Ocean Freight Forwarders—Ocean

Transportation Intermediary Applicants: Milana Holdings, Inc d/b/a M&M International Logistics, 472 Plaza Drive, Suite E & F, Atlanta, GA 30349, Officers: Peter D. Milana, President, (Qualifying Individual), Nara R. Milana, Secretary.

Dated: June 10, 1999.

Bryant L. VanBrakle,

Secretary.

[FR Doc. 99–15116 Filed 6–14–99; 8:45 am] BILLING CODE 6730–01–M

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 et seq.) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the

proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than July 9, 1999.

A. Federal Reserve Bank of Richmond (A. Linwood Gill III, Assistant Vice President) 701 East Byrd Street, Richmond, Virginia 23261-4528:

1. AmericasBank Corp, Baltimore, Maryland; to become a bank holding company by acquiring 100 percent of the voting shares of AmericasBank, Baltimore, Maryland.

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

1. First Bancshares Corporation, Gladstone, Michigan; to acquire an additional 5.84 percent, for a total of 10.84 percent of the voting shares of Baybank Corporation, Gladstone, Michigan, and thereby acquire Baybank, Gladstone, Michigan.

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

Robert deV. Frierson,

Associate Secretary of the Board. [FR Doc. 99–15077 Filed 6–14–99; 8:45 am] BILLING CODE 6210–01–F

BOARD OF GOVERNORS OF THE FEDERAL RESERVE SYSTEM

Sunshine Act Meeting

AGENCY HOLDING THE MEETING: Board of Governors of the Federal Reserve System.

TIME AND DATE: 11:00 a.m., Monday, June 21, 1999.

PLACE: Marriner S. Eccles Federal Reserve Board Building, 20th and C Streets, NW, Washington, DC 20551. STATUS: Closed.

MATTERS TO BE CONSIDERED:

- 1. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.
- 2. Any items carried forward from a previously announced meeting.

CONTACT PERSON FOR MORE INFORMATION: Lynn S. Fox, Assistant to the Board; 202–452–3204.

supplementary information: You may call 202–452–3206 beginning at approximately 5 p.m. two business days before the meeting for a recorded announcement of bank and bank holding company applications scheduled for the meeting; or you may contact the Board's Web site at http://www.federalreserve.gov for an electronic announcement that not only lists applications, but also indicates procedural and other information about the meeting.

Dated: June 11, 1999.

Robert deV. Frierson,

Associate Secretary of the Board. [FR Doc. 99–15328 Filed 6–11–99; 3:41 pm] BILLING CODE 6210–01–P

GENERAL SERVICES ADMINISTRATION

Office of Management Services, Administrative Policy and Information Management Division; Cancellation of an Optional Form

AGENCY: General Services Administration.

ACTION: Notice.

SUMMARY: The Administrative Policy and Information Management Division eliminated the need for Optional Form 121, Communications Control because of low usage. Therefore, OF 121 is cancelled.

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

DATES: Effective June 15, 1999.

ATES. Effective Julie 15, 1998

Dated: June 7, 1999. **Barbara M. Williams**,

Deputy Standard and Optional Forms Management Officer.

[FR Doc. 99–15059 Filed 6–14–99; 8:45 am] BILLING CODE 6820–34–M

GENERAL SERVICES ADMINISTRATION

Interagency Committee for Medical Records (ICMR) Automation of Medical Standard Form 602

AGENCY: General Services Administration.

ACTION: Guideline on automating medical standard forms.

BACKGROUND: The Interagency Committee on Medical Records (ICMR) is aware of numerous activities using computer-generated medical forms, many of which are not mirror-like images of the genuine paper Standard/ Optional Form. With GSA's approval the ICMR eliminated the requirement that every electronic version of a medical Standard/Optional form be reviewed and granted an exception. The committee proposes to set required fields standards and that activities developing computer-generated versions adhere to the required fields but not necessarily to the image. The ICMR plans to review medical Standard/ Optional forms which are commonly used and/or commonly computergenerated. We will identify those fields

Relationship to Sponsor

which are required, those (if any) which are optional, and the required form (if necessary). Activities may not add data elements that would change the meaning of the form. This would require written approval from the ICMR. Using the process by which overprints are approved for paper Standard/Optional forms, activities may add other data entry elements to those required by the committee. With this decision, activities at the local or headquarters level should be able to develop electronic versions which meet the committee's

requirements. This guideline controls the "image" or required fields but not the actual data entered into the field.

SUMMARY: With GSA's approval, the **Interagency Committee on Medical** Records (ICMR) eliminated the requirement that every electronic version of a medical Standard/Option form be reviewed and granted an exception. The following fields must appear on the electronic version of the following form:

ELECTRONIC ELEMENTS FOR SF 602	
	Placement*
TEXT:	
Title Serology Record	Top of form.
Form ID: Standard Form 602 (Rev. 8–98)	Bottom right corner of form.
Section I—History of Present Infection	Top of form.
I have been informed by the medical officer that I have been diagnosed as a having sexu-	Before patient's signature.
ally transmitted disease as indicated above; the nature of this disease has been ex-	J 1 1 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
plained to me; I understand that my cooperation is necessary in the treatment and pro-	
longed observation (including certain prescribed tests) for the care of this disease. Dis-	
closure of this information is required by law.	
Section II—History of Past Sexually Transmitted Infections or Treatments	
Section III—Treatment	
Section IV—Laboratory Summary	
* Satisfactory result cannot be reported without normal spinal fluid findings	Below Section V—Evaluation of Therapy—Re-
g-	sult—Satisfactory.*
** Specify: Infectious Relapse: Sero-Relapse, Neuro-Relapse, Incomplete data on Spinal	Below Section V—Evaluation of Therapy—Re-
Fluid, Other (Specify.	sult—Unsatisfactory.**
DATA ENTRY FIELDS:	Suit Stibuliolationy.
Source of Referral—Voluntary (Check box)	
Source of Referral—Contact Report (Check box)	
Source of Referral—Physical Inspection (Check box)	
Source of Referral—Blood Transfusion (Check box)	
Incident To—Hospitalization (Check box)	
Incident To—Premarital (Check box)	
Incident To—Prenatal (Check box)	
Incident To—Other (Check box)	
Incident To—Other (Specify)	
Dates—Onset Symptoms	
Dates—Requested Treatment	
Dates—Diagnosis Established	
Diagnostic (include stage and diagnosis number)	
Diagnostic Criteria—Darkfield (Results of test)	
Diagnostic Criteria—S.T.S. (Results of test)	
Diagnostic Criteria—Spinal Fluid (If indicated)	
Diagnostic Criteria—Other (List)	
Clinical Data (Include chief complaint, physical findings—eye, cardiovascular and nervous	
system, even in early syphilis)	
STD Contact Form Serial Numbers (allow for up to 3 numbera)	
Recommended Treatment	
Recommended Follow-up	
Signature of Physician	
Name of Physician	
Date (Signed by Physician)	
Signature of Patient	
Date (Patient Signed)	
Date (Of Treatment) (Allow at least 3 entries)	
Disease (Give state) (Allow at least 3 entries)	
Prior to Federal Service—Yes (Check box) (Allow at least 3 entries)	
Prior to Federal Service—No (Check box) (Allow at least 3 entries)	
History * * *—Treatment (Give type, amount and dates) (Allow at least 3 entries)	
Treating Agency (Allow at least 3 entries) Place (Institution and City) (Allow at least 3 entries)	
Treatment—Treatment (Allows for at least 3 entries)	
Treatment—Date Started (Allow for at least 3 entries)	
Treatment—Date Ended (Allow for at least 3 entries)	
Treatment—Signature of Physician (Allow for at least 3 entries)	

ELECTRONIC ELEMENTS FOR SF 602—Continued

Item	Placement*
Sponsor's Name—Last	
Sponsor's Name—First	
Sponsor's Name—MI	
Sponsor's ID Number (SSN or other)	
Depart./Service	
Hospital or Medical Facility Records Maintained At	
Darkfield Examination—Date (Allow for at least 2 entries)	
Darkfield Examination—Bate (Allow for at least 2 entries) Darkfield Examination—Results (Allow for at least 2 entries)	
Darkfield Examination—Source of Speciment (Allow for at least 2 entries)	
Darkfield Examination—Laboratory (Allow for at least 2 entries)	
Darkfield Examination—Name of Confirming Officer (Allow for at least 2 entries)	
Nonspecific Treponenal Tests (VDRL, RPR, ART)—Date (Allow for at least 6 entries)	
Nonspecific Treponenal Tests (VDRL, RPR, ART)—Type (Allow for at least 6 entries)	
Nonspecific Treponenal Tests (VDRL, RPR, ART)—Result (Include titer value) (Allow for at	
least 6 entries)	
Nonspecific Treponenal Tests (VDRL, RPR, ART)—Laboratory (Allow for at least 6 entries)	
Specific Treponenal Tests (FTA-ABS, MHA-TP, TPHA, TPI)—Date (Allow for at least 2 entries)	
Specific Treponenal Tests (FTA-ABS, MHA-TP, TPHA, TPI)—Test Type (Allow for at	
least 2 entries)	
Specific Treponenal Tests (FTA-ABS, MHA-TP, TPHA, TPI)—Results (Allow for at least 2	
entries)	
Spinal Fluid Examinations—Date (Allow for at least 2 entries)	
Spinal Fluid Examinations—Cells (Allow for at least 2 entries)	
Spinal Fluid Examinations—Total Protein (Allow for at least 2 entries)	
Spinal Fluid Examinations—Nonspecific And/Or Specific Tests (Including titer) (Allow for at	
least 2 entries)	
Spinal Fluid Examinations—Laboratory Where Done (Allow for at least 2 entries)	
Section V—Evaluation of Therapy—Date (Allow for at least 3 entries)	
Section V—Evaluation of Therapy—Facility Where Evaluated (Allow for at least 3 entries)	
Section V—Evaluation of Therapy—Result—Satisfactory* (Check box) (Allow for at least 3 entries)	
Section V—Evaluation of Therapy—Result)—Unsatisfactory* (Allow for at least 3 entries)	
Section V—Evaluation of Therapy—Result—Date of Retreatment (Allow for at least 3 en-	
tries)	
Section V—Evaluation of Therapy—Result—Physician's Signature (Allow for at least 3 en-	
tries)	
Reason for Incomplete Follow-Up—Date	
Reason for Incomplete Follow-Up—Place	
Reason for Incomplete Follow-Up—Type of Separation	
Reason for Incomplete Follow-Up—Authority For Discharge	
Reason for Incomplete Follow-Up—Civilian Health Department to Which Case Resume Was Sent	
Patient's Home Address on Separation—Street Address	
Patient's Home Address on Separation—City	
Patient's Home Address on Separation—State	
Patient's Home Address on Separation—ZIP Code	
Reinfection (Give date new record was opened)	
Remarks (Include significant post-treatment clinical findings)	
Section VI—Medical Officer Closing This Record—Name (Typed or printed)	
Section VI—Medical Officer Closing This Record—Signature	
Section VI—Medical Officer Closing This Record—Station	
Section VI—Medical Officer Closing This Record—Date	
Section VII—Medical Officer Sending Abstract to Department of Veterans Affairs on Dis-	
charge—Name (Typed or printed)	
Section VII—Medical Officer Sending Abstract to Department of Veterans Affairs on Discharge—Signature	
Section VII—Medical Officer Sending Abstract to Department of Veterans Affairs on Dis-	
charge—Station	
Section VII—Medical Officer Sending Abstract to Department of Veterans Affairs on Dis-	
charge—Date	
Patient's Name—last, first, middle)	Bottom left corner of form.
Patient's ID No. or SSN	Do.
Patient's Rank/Grade	Do.
Patient's Date of Birth	Do.
Register No.	Do.
Ward No.	Do.

^{*} If no placement indicated, items can appear anywhere on the form.

FOR FURTHER INFORMATION CONTACT: CDR Steven S. Kerrick, National Naval Medical Center, Department of Ophthalmology, Bethesda, MD 20889–5000 or E-Mail at StevenK966@aol.com.

Dated: May 12, 1999.

Steven S. Kerrick,

Chairperson, Interagency Committee on Medical Records.

[FR Doc. 99–15060 Filed 6–14–99; 8:45 am] BILLING CODE 6820–34–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Public Health and Science

Announcement of Availability of Grants for Adolescent Family Life Demonstration Projects

AGENCY: Office of Adolescent Pregnancy Programs, Office of Population Affairs, OPHS, HHS.

ACTION: Notice.

SUMMARY: This Notice is to inform potential applicants of recent legislation affecting the availability of grant funding for Adolescent Family Life (AFL) demonstration projects under Title XX of the Public Health Service Act. Notices published on May 12, 1999 at 64 FR 25776 and 64 FR 25782 advised that the availability of funding for different types of new AFL demonstration projects was contingent upon the enactment of a proposed amendment to the Fiscal Year (FY) 1999 appropriation for Title XX. In order to continue to fund a larger number of prevention projects than is allowable under the statute, the Department had asked Congress to amend the FY 1999 appropriation for Title XX to include a waiver of the statutory provision which requires that not more than one-third of the funds appropriated for demonstration projects shall be used for prevention demonstration projects. That amendment was recently enacted as part of the 1999 Emergency Supplemental Appropriations Act (Pub. L. 106–31). Thus, FY 1999 funding is now available only for new abstinence education prevention projects, as announced at 64 FR 25782. FY 1999 funds are not available for new care, prevention and combination care/prevention projects, as announced at 64 FR 25776. Any applications received under that announcement will be held for review and consideration in the following fiscal year, although the availability of funding for FY 2000 is uncertain. **DATES:** The 1999 Emergency Supplemental Appropriations Act (Pub. L. 106-31) was enacted on May 21,

1999. Thus funds became available only for new AFL prevention projects, and not for new care, prevention and combination care/prevention projects, as of that date.

FOR FURTHER INFORMATION CONTACT: The OAPP Program Office at (301) 594–4004. SUPPLEMENTARY INFORMATION: Title XX of the Public Health Service Act, 42 U.S.C. 300z et seq., authorizes the Secretary of Health and Human Services to award grants for demonstration projects to provide services to pregnant and non-pregnant adolescents, adolescent parents and their families. (Catalog of Federal Domestic Assistance Number 93.995). Title XX authorizes grants for three types of demonstration projects: (1) Projects which provide 'care services' only; (2) projects which provide "prevention services" only; and (3) projects which provide a combination of "care" and "prevention" services.

The Title XX statute contains a provision limiting the amount of AFL funding which may be used for prevention projects to not more than one-third of the overall monies available for demonstration projects. In the FY 1997 and 1998 appropriations for Title XX, as amended, Congress waived this limitation by enacting legislation which earmarked the majority of AFL demonstration funding for prevention grants, specifically abstinence education projects as defined in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. In order to continue to fund a larger number of prevention projects than is allowable under the statute, the Department asked Congress to amend the FY 1999 appropriation for Title XX to include a waiver of the "not more than one-third for prevention" restriction. On May 21, 1999, Congress enacted the 1999 **Emergency Supplemental** Appropriations Act (Pub. L. 106–31), which includes that amendment in a provision which states, in pertinent part, that appropriated funds shall be used for abstinence education prevention projects "without application of the [not more than onethird for prevention] limitation of section 2010(c) of said title XX.'

Pending final action on the requested amendment, in order to ensure that there were adequate applications which could be funded, two separate notices regarding the availability of grants for AFL demonstration projects were published on May 12, 1999. A Notice at 64 FR 25776 requested applications for new care, prevention and combination care/prevention projects. The announcement advised potential

applicants that funding for these projects would be available only if the requested amendment to the FY 1999 appropriations act did not pass. With the enactment of the amendment to the FY 1999 appropriation for Title XX, funds are not available to support new care, prevention and combination care/ prevention projects, as announced at 64 FR 25776. Any applications received under that announcement will be held for review and consideration in the following fiscal year, although the availability of funding in FY 2000 is uncertain. A separate Notice at 64 FR 25782 requested applications for prevention projects. This announcement advised potential applicants that funding for these projects would be available only if the amendment to the FY 1999 appropriations act did pass. With the enactment of the amendment to the FY 1999 appropriation for Title XX, funding is available only for new abstinence education prevention projects, as announced at 64 FR 25782.

Dated: June 7, 1999.

Samuel Taylor,

Acting Deputy Assistant Secretary for Population Affairs.

[FR Doc. 99–15065 Filed 6–14–99; 8:45 am] BILLING CODE 4160–17–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Notice Inverting Applications for New Award for Fiscal Year 1999 Grants To Determine Trends in Demand for Emergency Services

AGENCY: Office of the Secretary, The Office of the Assistant Secretary for Planning and Evaluation (ASPE), HHS. ACTION: Announcement of the availability of funds and request for applications from State, local, non-profit or for-profit (provided that grant funds may not be paid as profit) research institutions to determine the trends in and status of demand for emergency assistance services during the period of falling welfare caseloads since 1993 and any impact on that demand from implementation of Temporary Assistance to Needy Families (TANF).

SUMMARY: The Office of the Assistant Secretary for Planning and Evaluation (ASPE) announces the availability of funds and invites applications for research to determine the trends in and status of demand for emergency assistance services (e.g., emergency and transitional shelters, soup kitchens, food pantries) during the period of falling