

AB 617 - SOUTH LOS ANGELES (SLA) COMMUNITY STEERING COMMITTEE MEETING



VIRTUAL MEETING

JULY 22, 2021

Language Justice Announcement

During the Event

SLOW DOWN

Facilitators, presenters, trainers, participants... anyone speaking during the event, **speak at a moderate pace**. Take a breath after each sentence, **take a pause** after switching speakers and asking questions. Slowing down supports **EVERYONE**, not just interpreters.



SPEAK-UP

Speak loud and clear! Ideally, using **headphones with a mic**. Interpreters need to be able to hear the speaker over the sound of their own voice when doing simultaneous interpretation.

SAY YOUR NAME EACH TIME YOU SPEAK

Folks listening to the interpretation might only hear the interpreters voice, so they will not notice when a new person is speaking.



ONE PERSON AT A TIME

Interpreters can only interpret for **one person at a time**, and they don't want to be put in the position of having to decide which voice to privilege over another.

LANGUAGE IS NOT A BARRIER

To the contrary, when we have multiple languages in a space, **we have multiple cosmovisions**, and multiple ways of understanding the world. We have the opportunity to expand and deepen our perspective, our imaginations, the possible strategies, tactics, and visions for what is possible.





GETTING TO KNOW EACH OTHER

IDENTIFYING AIR QUALITY PRIORITIES (PART I)



General Industrial*

- Factories, industrial signage requests, manufacturing signage requests, unpermitted facilities, educate small businesses to reduce emissions, industries near schools



Mobile Sources*

- Freeway pollution, trucks, bus/bus exhaust, cars, vehicle emissions, more electric vehicles (EVs), invest in public transit, reduce fossil fuel transit, diesel sources, trains, Alameda corridor



Oil and Gas Industry*

- Gas stations, drill sites, Murphy Drill Site, oil well flaring



Auto Body Shops*

- Auto body shops, automobile industry, tire/auto mechanic shops

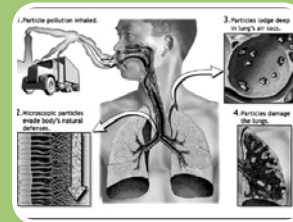
*The air quality priorities will be determined by the Community Steering Committee (CSC)

IDENTIFYING AIR QUALITY PRIORITIES (PART 2)



Toxics*

- Toxic chemicals, lead, zinc, chemical production, soil and water contamination



Health Impacts*

- Breathing issues, asthma, cancer, impact on public health, impact on children

* Exposure related concerns will be discussed when actions are developed for each priority

ADDITIONAL CONSIDERATIONS



■ Dry Cleaners

- Raised in Jamboard and through SCLA PUSH program
- Rule 1421 – Control of Perchloroethylene Emissions from Dry Cleaning Systems
 - By January 1, 2021, all Perchloroethylene (PERC) dry cleaning systems within South Coast AQMD's jurisdiction must be removed from service



■ Health Impacts

- Will be addressed under selected air quality priorities
 - E.g., actions or measures to reduce exposure to diesel mobile sources

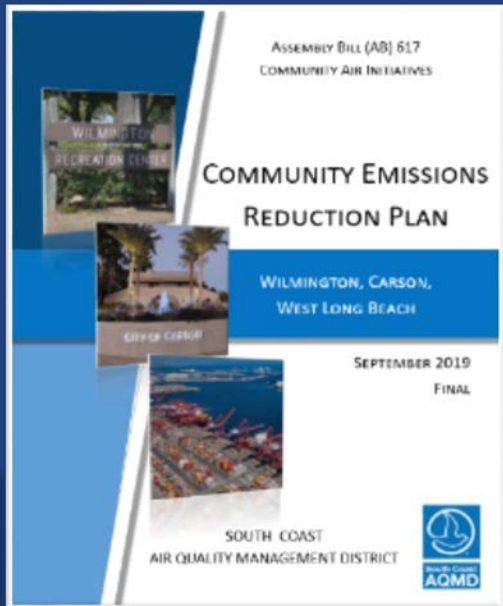
JAMBOARD ACTIVITY

- Purpose
 - To hear the CSC's concerns about air quality in SLA
- How will we use this information?
 - To finalize air quality priorities and guide CSC meeting topics, meeting materials and community plan development
- How to participate?
 - Visit: https://jamboard.google.com/d/18oTJ_gyjkON-IIP9EzZhLLkf7UI47LwYH32hHgnKlaw/viewer?f=3
 - Include your name on each entry
 - Link will close August 5, 2021



HOW WILL THE AIR QUALITY PRIORITIES BE ADDRESSED?

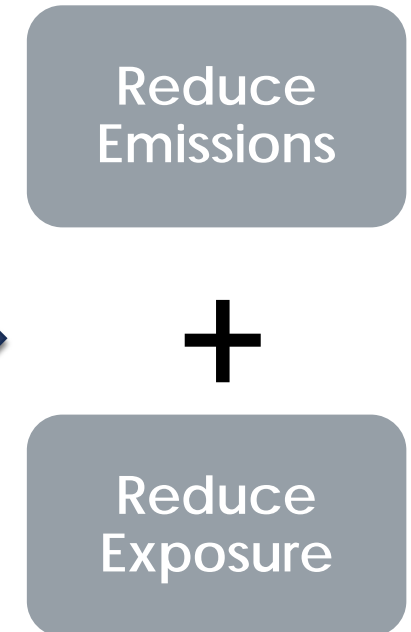
Community Emissions Reduction Plan (CERP)



CERP Strategies

- Rules and Regulations
- Focused Enforcement
- Air Monitoring
- Collaboration
- Incentives
- Public Information and Outreach

CERP Actions & Targets



EXAMPLES OF CERP ACTIONS AND TARGETS



Action 1: Reduce emissions from truck idling

- Provide ***focused enforcement*** for idling trucks in the community
- Provide ***outreach*** on how to file a complaint for illegal truck idling



Action 2: Reduce emissions from diesel mobile sources

- Continue developing ***regulations*** to reduce emissions from diesel mobile sources (CARB)
- Identify ***incentive*** opportunities for cleaner technologies (e.g., school buses, trucks, trains)



Action 3: Reduce exposure to harmful pollutants at schools

- Prioritize ***incentives*** for air filtration systems at schools near freeways

FOLLOW-UP AIR QUALITY CONCERNS SURVEY

- Google Form Survey
 - English: <https://forms.gle/LYsTpZJfTB9Tvnu8>
 - Spanish: <https://forms.gle/PrgToWkkjIbdBhRo8>
 - CSC members – use email address provided on interest form
- Results will help determine air quality priorities for AB 617 community plans
- Submit by 7/26/2021 at 5 p.m.



AB 617 South Los Angeles - Follow-Up Air Quality Concerns Survey

We want to know more about the Community Steering Committee's (CSCs) air quality concerns. Your input will guide CSC meeting topics, meeting materials and community plan development.

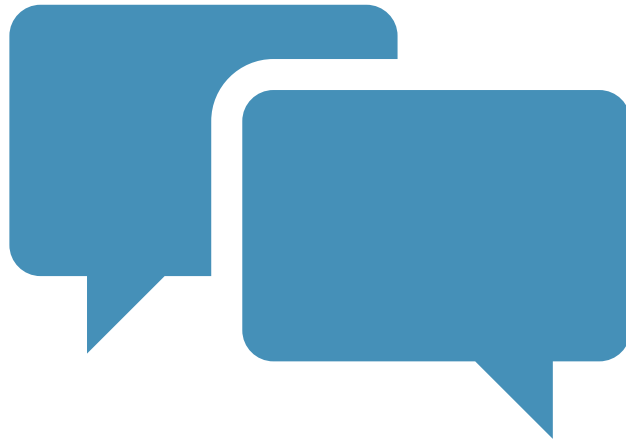
* Required

Email *

Your email

DISCUSSION

Comments, Questions, Concerns?



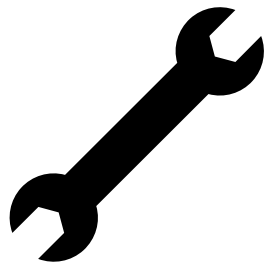
PLAN DEVELOPMENT TIMELINE

Air Quality
Priorities



May – July 2021

Community
Plan
Strategies



Air Quality
Priority
Fact Sheets



Draft Plan
Actions



Final
Community
Plans



January –
February 2022

CSC discussion and input will guide every step in the process

SOUTH COAST AQMD CONTACTS: SLA



- CERP

Nicole Silva
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- CAMP

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Program Supervisor
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- CSC

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- CAMP

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Principal AQ Chemist
ahaar@aqmd.gov
909-396-2518



BREAK
(8 MINUTES)



CONTINUE CHARTER PRESENTATION & FINALIZE CHARTER

REVIEW OF STIPENDS PROCESS



KATHRYN HIGGINS

SENIOR PUBLIC AFFAIRS MANAGER


STIPENDS / HONORARIO

Stipend Policy

- Stipends for CSC residents
- \$75 per meeting with a maximum \$75 per month allotment
- Submit required forms to South Coast AB 617 liaison

Política de honorario

- Para residentes que forman parte del CSC
- \$75 por reunión con un máximo de \$75 por mes
- Envíe sus documentos al enlace de South Coast AB 617



STIPEND QUALIFICATION DECLARATION FORM

TAXABLE YEAR: **2020**

Withholding Exemption Certificate

Form No. **590**

The payee completes this form and submits it to the withholding agent. The withholding agent keeps this form with their records.

Withholding Agent Information

Name _____

Address _____

W-9

Form (Rev. October 2018)

Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

EXPENSE CLAIM

PERMITTEE NAME _____ TITLE AB 617 – South LA

HOME ADDRESS _____ OFFICE/UNIT LEGISLATIVE, PUBLIC AFFAIRS & MEDIA

CITY _____ PERIOD OF CLAIM July 2021

WORK PROGRAM CODE 35885-69700

Payee Information

Name _____

Address (apt. no., room, and suite) _____

City (if you have a branch office) _____

Exemption Reason

Check only one. By checking the appropriate box, you certify that you meet the requirements on page 2 of the instructions.

Individual – I am a resident of California.

Corporation – The corporation is a California corporation.

Partnership – The partnership is a California partnership or LLC.

Tax-Exempt – The entity is a tax-exempt organization.

Insurance – The entity is an insurance company.

California Trust – The trust is a California trust.

Estate – I am the estate of a California resident.

Nonmilitary – I am a nonmilitary U.S. citizen.

CERTIFICATE OF SIGNATURE

I certify that the information provided on this form is true and correct.

Print Name _____

Signature _____

FALSIFYING THIS REPORT WILL BE CAUSE FOR DISMISSAL			
DATE	DESCRIBE EXPENSE AND PURPOSE OF TRIP	LOCATION	AMOUNT
7/15/2021	AB 617 CSC Meeting	Zoom Meeting	75 00

Name / Nombre →

Name & Address /
Nombre y dirección →

Signature / Firma →

Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - _____

or

Employer identification number

____ - _____

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶ _____

Date ▶ _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Cat. No. 10231X Form **W-9** (Rev. 10-2018)

Only needs to be submitted one time /
Sólo tiene que ser enviado una vez

Social Security Number /
número de Seguridad Social ←

Date / Fecha ←

South Coast AQMD →

Name & Address / Nombre y dirección →

Name / Nombre →

Signature / Firma →

TAXABLE YEAR **2020** CALIFORNIA FORM **590**
Withholding Exemption Certificate
 The payee completes this form and submits it to the withholding agent. The withholding agent keeps this form with their records.

Withholding Agent Information
 Name _____

Payee Information
 Name _____ SSN or ITIN FEIN CA Corp no. CA SOS file no.
 Address (apt./slo., room, PO box, or PMB no.) _____
 City (if you have a foreign address, see instructions.) _____ State _____ ZIP code _____

Exemption Reason
Check only one box.
 By checking the appropriate box below, the payee certifies the reason for the exemption from the California income tax withholding requirements on payment(s) made to the entity or individual.

Individuals — Certification of Residency:
 I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

Corporations:
 The corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

Partnerships or Limited Liability Companies (LLCs):
 The partnership or LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability partnership (LLP) is treated like any other partnership.

Tax-Exempt Entities:
 The entity is exempt from tax under California Revenue and Taxation Code (R&TC) Section 23701 _____ (insert letter) or Internal Revenue Code Section 501(c) _____ (insert number). If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.

Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit-Sharing Plans:
 The entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

California Trusts:
 At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return. If the trustee or noncontingent beneficiary becomes a nonresident at any time, I will promptly notify the withholding agent.

Estates — Certification of Residency of Deceased Person:
 I am the executor of the above-named person's estate or trust. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return.

Nonmilitary Spouse of a Military Servicemember:
 I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse Residency Relief Act (MSRRA) requirements. See instructions for General Information E, MSRRA.

CERTIFICATE OF PAYEE: Payee must complete and sign below.
 To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.
 Under penalties of perjury, I declare that I have examined the information on this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare under penalties of perjury that if the facts upon which this form are based change, I will promptly notify the withholding agent.

Type or print payee's name and title _____ Telephone _____
 Payee's signature _____ Date _____

7061203 Form 590 2019

Only needs to be submitted one time / Sólo tiene que ser enviado una vez

← Telephone / Teléfono

← Date / Fecha



STIPEND QUALIFICATION DECLARATION FORM

**Only needs to be submitted one time /
Sólo tiene que ser enviado una vez**

South LA →

Name / Nombre →

South LA CSC →

South LA →

Name / Nombre →

Signature / Firma →

Community Steering Committee Identification

I, _____ hereby certify that to the best of my knowledge, neither I nor my spouse, dependent child, general partner, or any organization for which I am serving as an officer, director, trustee, general partner or employee, or any person or organization which whom I am negotiation or have an arrangement concerning prospective employment has a financial interest in this committee or its purpose.

I further certify that I am a resident of the community and that I am not being compensated by any other organization or agency that would impact or otherwise limit my eligibility for compensation for participation with _____ in the form of a stipend from South Coast AQMD. Also, to the best of my knowledge, no member of my household, no relative with whom I have a close relationship, no one with whom my spouse, parent or dependent child has or seeks employment is receiving or accepting any compensation on my behalf.

My participation on the Community Steering Committee for _____ is solely as a community resident and member of the community.

I also acknowledge my responsibility to disclose the acquisition of any financial or personal interest, gains or payments as described above that would affect my future eligibility to receive compensation for my participation on the Community Steering Committee. At any time the above status changes or is amended by circumstances, I am responsible to disclose such changes to South Coast AQMD.

Print Name

Signature

Date

← Date / Fecha

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

EXPENSE CLAIM

Name & Address /
Nombre y dirección



PERMITTEE NAME _____ TITLE AB 617 – South LA
HOME ADDRESS _____ OFFICE/UNIT LEGISLATIVE, PUBLIC AFFAIRS & MEDIA
CITY _____
PERIOD OF CLAIM July 2021 WORK PROGRAM CODE 35885-69700

Please submit for each meeting attended /
Envíe por favor para cada reunión asistida

Date of meeting /
Fecha de la reunión



+

FALSIFYING THIS REPORT WILL BE CAUSE FOR DISMISSAL

DATE	DESCRIBE EXPENSE AND PURPOSE OF TRIP	LOCATION	AMOUNT	
7/15/2021	AB 617 CSC Meeting	Zoom Meeting	75	00
TOTAL			75	00

IF MORE THAN ONE SHEET IS USED, DETACH ON HEAVY LINE, EXCEPT LAST SHEET OF CLAIM

Sign & Date /
Firma y Fecha



I HEREBY CERTIFY THAT THE ABOVE EXPENSE WAS NECESSARY IN THE PERFORMANCE OF MY DUTY. I FURTHER CERTIFY THAT I HAVE COMPLIED WITH THE INSURANCE REQUIREMENTS OF THE AQMD'S ADMINISTRATIVE CODE SECTIONS 120.1 AND 120.2 AND ADMINISTRATIVE POLICIES AND PROCEDURES NO. 7, AND THE EXPENSE CLAIM RULES AND INSTRUCTIONS. CLAIM IS HEREBY MADE FOR EXPENSES AS ITEMIZED ABOVE.

Permittee Signature **Date**

APPROVED _____
 Designated Deputy or Designee Date

TOTAL AMOUNT CLAIMED \$75.00

ACCOUNTING ONLY

Examined By _____ Date _____
 Vendor # _____
 Voucher # _____
 Voucher Date _____
 BCM _____

THANK YOU! ¡GRACIAS!

For more information, questions, or suggestions after this meeting:
Para más información, preguntas o sugerencias después de esta reunión:

Email us at:

Envíenos un correo electrónico a:

ab617@aqmd.gov

Community Liaison (Enlace Comunitario)

Evangelina Barrera, (909) 396-2583 or cell (909) 348-4057

CERP

Nicole Silva, (909) 396-3384

CAMP

Payam Pakbin, (909) 396-2122





PUBLIC COMMENT