

AB 617 - SUR DE LOS ÁNGELES (SLA) REUNIÓN DEL COMITÉ DIRECTIVO COMUNITARIO



REUNIÓN VIRTUAL

22 DE JULIO DE 2021

Anuncio de Justicia de lenguaje

HABLAR DESPACIO

Facilitadorxs, talleristas, presentadorxs, participantes... Cualquier persona que participe durante el evento, hable a un ritmo mas lento. **Respire** al terminar cada frase, **pause brevemente** al hacer una pregunta o cuando le pase la palabra a alguien más. Hablar mas despacio apoya a **TODXS**, no solamente a lxs intérpretes.



HABLAR EN VOZ ALTA

¡Hable claramente y en voz alta! Use audífonos con micrófono si es posible. Lxs intérpretes tienen que poder escucharle sobre el sonido de su propia voz cuando están haciendo interpretación simultánea.



DECIR SU NOMBRE CADA VEZ QUE PARTICIPE

Es posible que las personas que están escuchando la interpretación solo escuchan a lxs intérpretes, así que no saben en que momento cambió la persona que está hablando.



UNA PERSONA A LA VEZ

Lxs intérpretes solamente pueden interpretar por una persona a la vez, y no quieren estar en la posición de tener que dar privilegio a una persona sobre otra.

EL LENGUAJE NO ES UNA BARRERA

Es todo lo contrario. Cuando hay múltiples idiomas en un espacio, hay **múltiples cosmovisiones** y varias maneras de entender el mundo. Nos da la oportunidad para expandir y profundizar nuestra perspectiva, nuestras imaginaciones, las posibles estrategias y tácticas, y nuestra visión de lo que es posible.





VAMOS A CONOCERNOS

IDENTIFICANDO LAS PRIORIDADES DE CALIDAD DEL AIRE (PARTE I)



Industrial en General*

- fábricas, solicitudes de señalización industrial, solicitudes de señalización de fabricación, instalaciones no permitidas, educar a las empresas pequeñas para reducir las emisiones, industrias cercanas a las escuelas



Fuentes móviles*

- contaminación de autopistas, camiones, autobuses y su escape, automóviles, emisiones de vehículos, más vehículos eléctricos (EV), invertir en transporte público, reducir el tránsito de combustibles fósiles, fuentes de diésel, trenes, corredor de Alameda



Industria de Petróleo y Gas*

- gasolineras, sitios de perforación, Sitio de Perforación Murphy, quema de pozos de petróleo



Talleres de Carrocería*

- talleres de carrocería, industria de automóviles, talleres de llantas/mecánica de automóviles

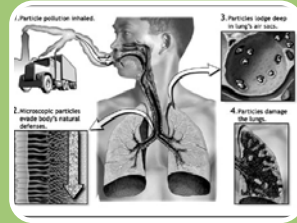
* Las prioridades de calidad del aire serán determinadas por el Comité Directivo de la Comunidad (CSC)

IDENTIFICANDO LAS PRIORIDADES DE CALIDAD DEL AIRE (PARTE 2)



Tóxicos*

- químicos tóxicos, plomo, zinc, producción química, contaminación del suelo y agua



Impactos en la Salud*

- problemas respiratorios, asma, cáncer, impacto en la salud pública, impacto en los niños

* Las preocupaciones relacionadas con la exposición se discutirán cuando se desarrollen acciones para cada prioridad

CONSIDERACIONES ADICIONALES



■ Tintorerías

- Se dio a conocer en Jamboard y a través del programa PUSH de SCLA
- Regla 1421 – Control de las Emisiones de Percloroetileno de los Sistemas de Tintorerías
 - Antes del 1 de enero de 2021, todos los sistemas de tintorerías con percloroetileno (PERC) dentro de la jurisdicción de South Coast AQMD deben retirarse de servicio



■ Impactos en la Salud

- Se abordará en las prioridades de calidad del aire seleccionadas
 - P. ej., acciones o medidas para reducir la exposición a fuentes móviles diésel

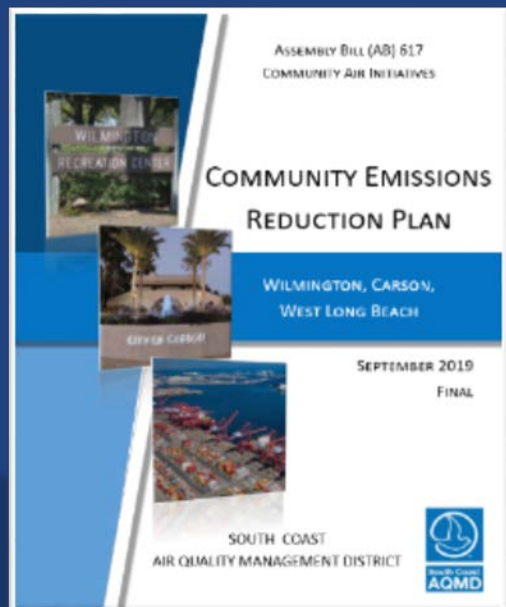
ACTIVIDAD DE JAMBOARD

- Propósito
 - Escuchar las preocupaciones del CSC sobre la calidad del aire en SLA
- ¿Cómo usaremos esta información?
 - Finalizar las prioridades de calidad del aire y guiar los temas de las reuniones del CSC, los materiales de las reuniones y el desarrollo del plan comunitario
- ¿Cómo participar?
 - Visita: https://jamboard.google.com/d/18oTJ_gyjkON-IIP9EzZhLLkf7UI47LwYH32hHgnKlaw/viewer?f=3
 - Incluya su nombre en cada entrada
 - El enlace se cerrará el 5 de agosto de 2021



¿CÓMO SE ABORDARÁN LAS PRIORIDADES DE CALIDAD DEL AIRE?

Plan de reducción de emisiones de la comunidad



Estrategias del CERP



Acciones y Objetivos del CERP

reducción de emisiones

+

reducción de la exposición

EJEMPLOS DE ACCIONES Y OBJETIVOS DEL CERP



Acción 1: Reducir las emisiones de camiones que estén parados con el motor encendido

- Proporcionar una ***ejecución enfocada*** de la ley para los camiones que estén parados con el motor encendido en la comunidad
- Proporcionar ***información*** sobre cómo presentar una denuncia por la inactividad ilegal de un camión



Acción 2: Reducir las emisiones de fuentes móviles diésel

- Continuar desarrollando ***regulaciones*** para reducir las emisiones de fuentes móviles diésel (CARB)
- Identificar oportunidades de ***incentivos*** para tecnologías de fuentes móviles más limpias (p. ej., autobuses escolares, camiones, trenes)



Acción 3: Reducir la exposición a los contaminantes nocivos en las escuelas

- Priorizar ***incentivos*** para sistemas de filtración de aire en las escuelas cerca de las autopistas

SEGUIMIENTO DE LA ENCUESTA SOBRE LA CALIDAD DEL AIRE

- Encuesta de formularios de Google
 - Inglés: <https://forms.gle/LYsTpZJfTB9Tvnu8>
 - Español: <https://forms.gle/PrgToVWkkJlbdBhRo8>
 - Miembros de CSC - utilice la dirección de correo electrónico proporcionada en el formulario de interés
- Los resultados determinarán las prioridades de calidad del aire para los planes de la comunidad de AB 617
- Enviar antes de 7/26/2021 a las 5:00 PM



AB 617 Sur de Los Ángeles - Encuesta de Seguimiento de Preocupaciones Sobre la Calidad del Aire

Los co-líderes quieren saber más sobre las preocupaciones del Comité Directivo Comunitario (CSC) sobre la calidad del aire. Su aporte guiará los temas futuros del CSC, los materiales de reuniones y el desarrollo del plan comunitario.

* Required

Email *

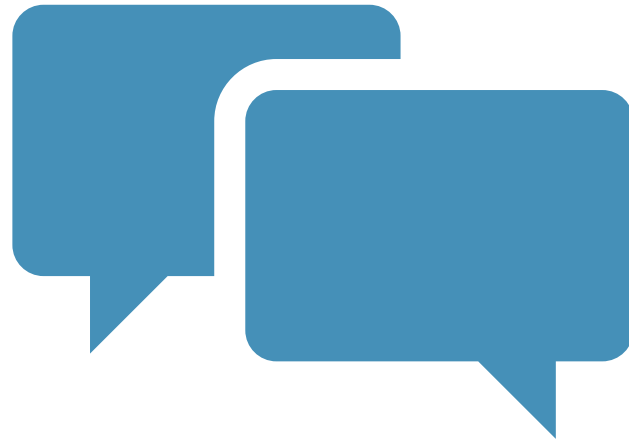
Your email



Las palabras o frases de esta imagen se basan en la actividad del Jamboard

DISCUSIÓN

¿Comentarios, preguntas, preocupaciones?



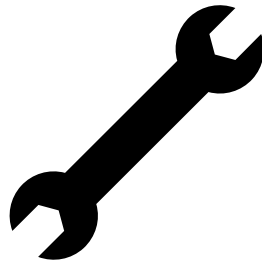
CRONOLOGÍA DE DESARROLLO DEL PLAN

Prioridades de
Calidad del
Aire

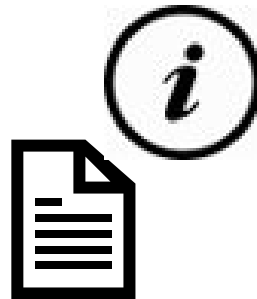


Mayo – julio 2021

Estrategias del
Plan de la
Comunidad



Hojas de
Datos de
Prioridad de la
Calidad del
Aire



Acciones del
Borrador del
Plan



Planes de la
Comunidad
Finales



Enero –
febrero 2022

La discusión y las aportaciones del CSC guiarán cada paso del proceso

CONTACTOS DE SOUTH COAST AQMD: SLA



- CERP

Nicole Silva
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- CSC

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Información Pública
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- CAMP

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- CAMP

Angela Haar
Química Principal en
Calidad del Aire
Ahaar@aqmd.gov
909-396-2518



DESCANSO

(8 MINUTOS)



CONTINUAR LA PRESENTACIÓN DE LA CARTA Y FINALIZAR LA CARTA

REVISIÓN DEL PROCESO DEL HONORARIO



KATHRYN HIGGINS
GERENTE SENIOR DE ASUNTOS PÚBLICOS


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

CALIFORNIA FORM 590

TAXABLE YEAR: 2020

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 _____

Address _____

City _____

W-9

(Rev. October 2018)

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.

Payee Information

Name _____

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

City (if you have a branch office) _____

Exemption Reason

Check **only one** box. By checking the appropriate box, you certify that you meet the requirements on page 3 of the instructions.

Individual — I am an individual who is not a partner, limited liability partner, or sole proprietor.

Corporation — The corporation, partnership, or LLC is a U.S. citizen or resident.

Partnership — The partnership is a U.S. citizen or resident.

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

Insurance Company — The entity is an insurance company.

California Trust — The trust is a California trust.

Estate — I am the executor of an estate.

Nonmilitary — I am a nonmilitary member of the U.S. Armed Forces.

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

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

I, _____, neither I nor my spouse an officer, director, trustee, negotiator or have an committee or its purpose.

I further certify that I am not an officer, director, trustee, negotiator or have an committee or its purpose of the organization or agency participating with _____ the best of my knowledge and relationship, no one will receive or accepting.

My participation on the community resident and _____

I also acknowledge my gains or payments as due to my participation on the amended by circumstances.

Print Name _____

Signature _____

CERTIFICATE OF SIGNATURE

To learn about you go to ftb.ca.gov/ftb Under penalties of perjury, I certify that I am the individual named above and I am not a partner, limited liability partner, or sole proprietor.

Signature _____

Date _____

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.

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

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.

TOTAL AMOUNT CLAIMED \$75.00

ACCOUNTING ONLY

Examined By _____ Date _____

Vendor # _____

Voucher # _____

Voucher Date _____

BCM _____

Sign & Date /
Firma y Fecha

 Permittee Signature _____ Date _____

APPROVED _____ Date _____
 Designated Deputy or Designee

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



COMENTARIO PÚBLICO