

AB 617 All Community Steering Committee (CSC) Onboarding Workshop

AB 617 Taller de incorporación del Comité Directivo de Toda la Comunidad (CSC)

January 22, 2026/ *26 de enero del 2025*

5:30 PM – 6:30 PM

Community Engagement & Air Program (CEAP) Division



On behalf of Community
Engagement Air Programs
(CEAP) division of South
Coast AQMD, we
acknowledge that we are on
the ancestral land of the
Gabrielino/Tongva people.
We also honor the labor of
the people who have and do
reside here and their efforts
to foster a healthier
environment and enhance
the quality of life for all
residents and community
stakeholders.

Land & Labor Acknowledgment

Language Justice

Anuncio de la Justicia de Lenguaje

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.

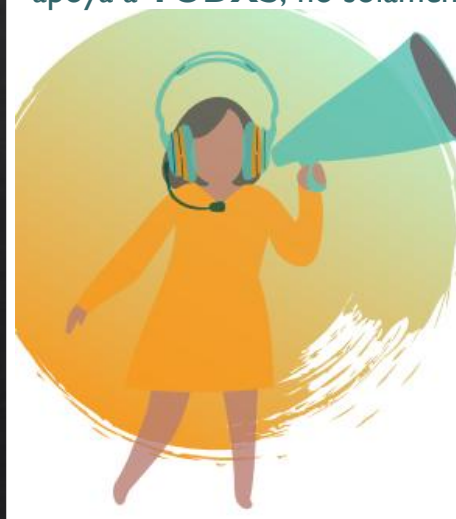


SPEAK-UP

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.

HABLAR DESPACIO

Facilitadorxs, talleristas, presentadorxs, participantes... Cualquier persona que participe durante el evento, hable a un ritmo más lento. **Respire** al terminar cada frase, **pause brevemente** al hacer una pregunta o cuando le pase la palabra a alguien más. Hablar más 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.

Language Justice (continued)

Anuncio de la Justicia de Lenguaje (continuado)

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.

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 cambio la persona que esta 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 los que es posible.



Welcome & Introductions

South Coast AQMD

AB 617 Communities



**Wilmington, Carson,
West Long Beach
Year 1 (2018)**



**East Los Angeles, Boyle Heights,
West Commerce
Year 1 (2018)**



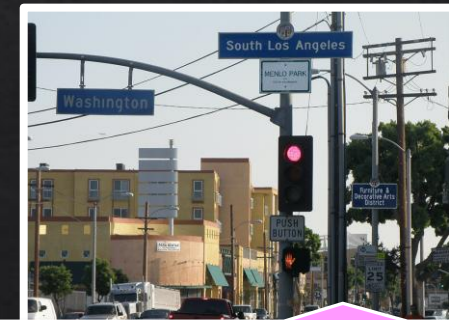
**San Bernardino,
Muscoy
Year 1 (2018)**



**Southeast
Los Angeles
Year 2 (2019)**



**Eastern
Coachella Valley
Year 2 (2019)**



**South
Los Angeles
Year 3 (2020)**

Welcome CSC Members & Interested Parties

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○

Name

Community Steering Committee

Representative Category:
Resident, Community Organization,
Business, Agency, Elected Official

Why did you join the CSC?

COMMUNITY ENGAGEMENT & AIR PROGRAMS ORGANIZATION CHART



South Coast AQMD



Community Engagement and Air Programs



AB 617

CERP Team

Community Emissions
Reduction Plan



CORE Team

Community Outreach,
Relations, Engagement



JEDI Team

Justice and Education,
Development



Community Engagement & Air Programs
(CEAP) Leadership

AB 617 Staff

- ◆ Name
- ◆ Division
- ◆ Responsibility



Dr. Anissa Heard-Johnson
DEO



Walter Shen
Director

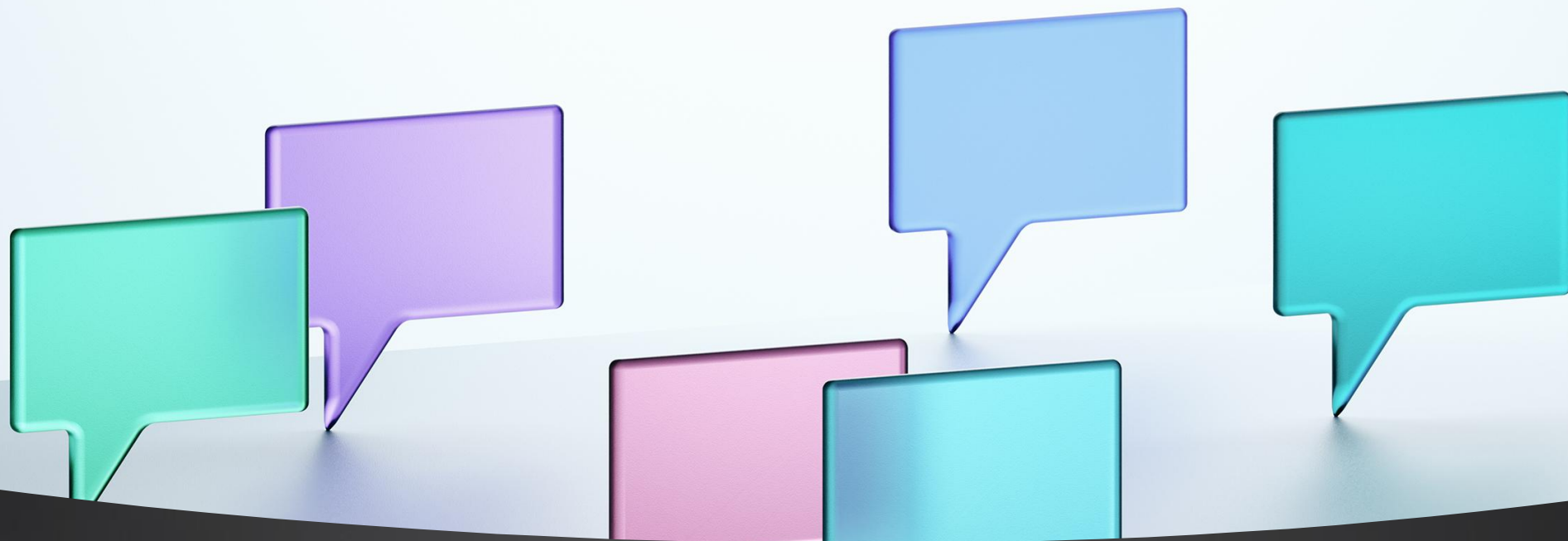


Uyen-Uyen Vo
Planning & Rules
Manager



Arlene F. Saria
Outreach &
Engagement
Manager





AB 617 Overview

Who is South Coast Air Quality Management District (South Coast AQMD)?



Regional air pollution control agency in California

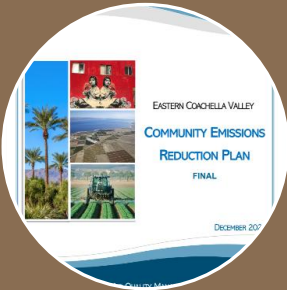
- Responsible for cleaning the air and protecting the health of its residents
- Encompasses Orange county and large portions of Los Angeles, Riverside, and San Bernardino counties
- Approximately 17 million people

Primary responsibilities

- Develop Air Quality Management Plan to meet federal and state air quality standards
- Control emissions from stationary sources, through adoption of air quality rules
- Regulate over 27,000 facilities
- Respond to air quality complaints
- Monitor air quality

Overview of Assembly Bill 617 (AB 617)

- Signed into California law on July 26, 2017 (California Health and Safety Code § 44391.2)
- Invests resources and focuses on localized actions to reduce air pollution in environmental justice communities
- Community Steering Committee (CSC) identifies air quality priorities and develops goals and objectives to reduce emissions of and exposure to air pollution
- Purposeful and ongoing involvement of community members towards the community's emission reductions goals



**Community Emission
Reductions Plan (CERP)
and Community Air
Monitoring Plan (CAMP)**



**Clean Technology
Investments**



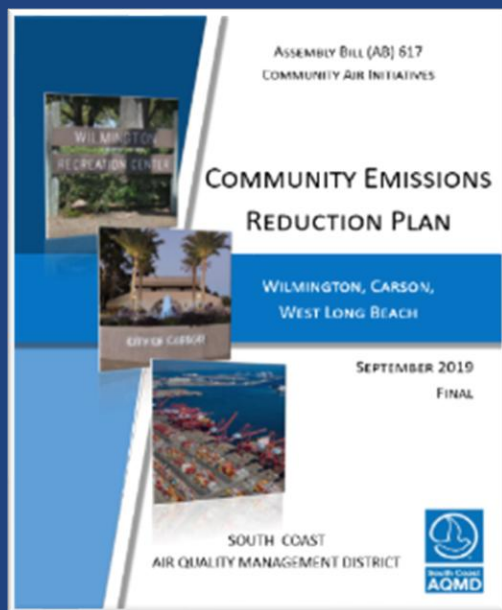
**Rules Requiring Best
Available Retrofit
Control Technology
(BARCT)**



**Easier Access to
Emissions Data**

What is a CERP?

Community Emissions Reduction Plan (CERP)



Reduce Exposure

+

Reduce Emissions

What is a CAMP?

- Identifies air monitoring strategies to characterize emissions from air quality priorities established by the CSC
- Describes air monitoring instruments and approaches to measure air pollutants relevant to communities
- Defines community air monitoring efforts

AB 617 COMMUNITY AIR MONITORING PLAN (CAMP) FOR THE EAST LOS ANGELES, BOYLE HEIGHTS, WEST COMMERCE COMMUNITY



South Coast Air Quality Management District

April 2019

Version 1

Outreach & Engagement

Community Outreach, Relations & Engagement (CORE)





CSC Roles & Expectations

Who from the community are involved?



Community Steering Committee (CSC)

Residents &
Community
Leaders

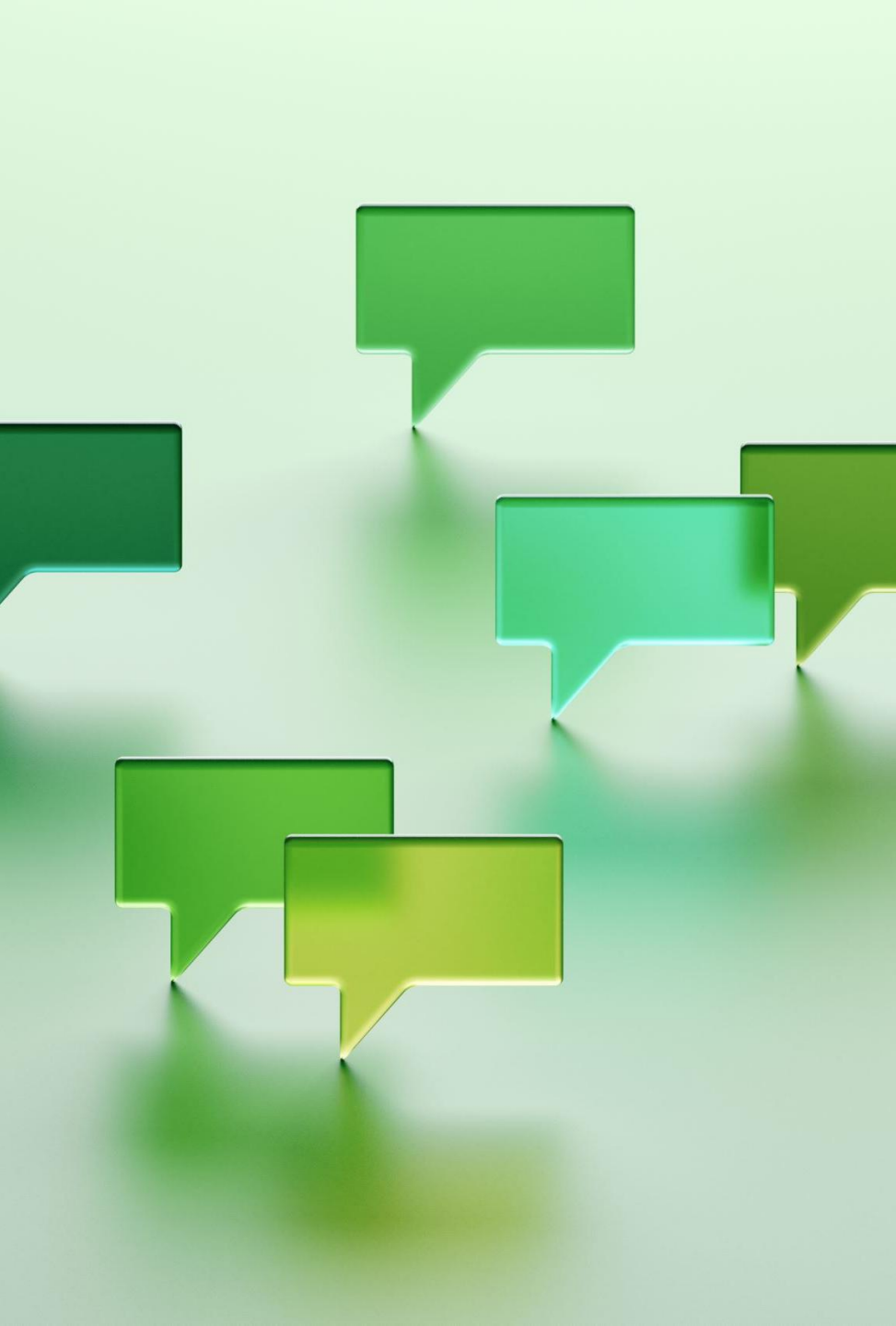
Community
Organizations

Business

Industry

Government
Agencies

Community
Stakeholders



CSC Role in CERP & CAMP

- ◆ Feedback, input, guidance
- ◆ Community air quality data to identify sources
- ◆ Community concerns about emission sources & air pollution challenges
- ◆ Implementation strategies
- ◆ Community outreach approaches
- ◆ Metrics for progress

CSC Members' Efforts

- ◆ Identify air quality priorities and CERP objectives
- ◆ Prioritize funding for community-identified projects
- ◆ Coordinate Agenda Topics for CSC Meetings
- ◆ Lead Working Teams, co-host, co-leads
- ◆ Collaborate with air district and community members
 - ◆ C3POs / Community Tours
 - ◆ AB 617 Retreats
 - ◆ All CSC Event



CSC Leadership: Working Together

Cross-Community Engagement

- All CSC Community Engagement Event
- Community Tours & Community Activities
- Office Hours
- Onboarding Workshops
- Post Year 5 Transition Working Team

ECV Working Teams

- Budget Working Team
- CERP Implementation Working Team
- Charter Working Team
- Monitoring Working Team
- Outreach Working Team

Community Co-Lead Model (South LA)

- Community Air Monitoring Working Team
- Community Mobility Working Team
- Just Transition Working Team
- Oil and Gas Working Team

Charter

- ◆ Each community has their own charter:
 - ◆ Attend scheduled CSC Meetings
 - ◆ Communicate Excused Absences
 - ◆ Language interpretation
 - ◆ Additional language interpretation may be requested
 - ◆ Participation

Charter: CSC Participation

Be respectful and
collaborative

Take leadership & value
listening to other
perspectives

Let people speak for
themselves & maintain
confidentiality

Be inclusive.
Let everyone participate

Be flexible and proactive
Offer solutions

Come prepared for
meetings

Share ideas &
ask questions

Share your unique
perspectives & experience

Stay on point &
on time.
Be mindful of the time &
the agenda topics

Provide honest &
constructive discussions

Consider external
activities that may have a
financial interest for
certain matters discussed
in the CSC

Updated Stipend Procedure

Recent Updates:

- One Hundred dollars (\$100) per CSC-related meeting
- Maximum compensation up to 10 meetings per month
- 1099 reporting threshold has increased from \$600 to \$2,000 in 2026

Eligibility:

- Be a current primary or alternate member
- Reside within the Community Boundary of the CSC for which they are serving at the time of the CSC meeting
- Complete and submit the appropriate forms:
 - Form W-9, CA Form 590,
 - Stipend Qualification Declaration Form,
 - AB 617 Community Steering Committee Interest Form
- Primarily represent community residents (including local tribes) when serving on the CSC
 - Members who primarily represent a business, business organization, labor union, university, school, hospital, utility, govt. agency, elected officials, or neighborhood councils are not eligible to receive a stipend
- **Submit stipend forms within 120-days of meeting**

Stipend Forms

- ◆ Stipend Qualification Declaration
- ◆ Tax forms: W-9 & CA Form 590 (state tax form)



STIPEND QUALIFICATION DECLARATION FORM

Community Steering Committee Identification

I, _____[name]_____ 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 and have not been compensated by any other organization or agency since July 2020 that would impact or otherwise limit my eligibility for compensation for participation with _____[community]_____ 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 _____[community]_____ 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 in writing to the community liaison within thirty (30) days of the effective date of the status change.

Print Name _____

Signature _____

Date _____

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.		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.	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.			
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 <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.				
Part II Certification Under penalties of perjury, I certify that: 1. 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 2. 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 3. I am a U.S. citizen or other U.S. person (defined below); and 4. 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 this 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), 1098-1 (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)

TAXABLE YEAR		CALIFORNIA FORM	
2021		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 <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp. no. <input type="checkbox"/> CA SOS file no. _____			
Address (apt./ste., room, PO box, or FMS 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.			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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 fb.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 _____			

Stipend Procedure (cont'd)

Office Hours

- ◆ Schedule:

- ◆ Every first Thursday, 10:30 a.m. – 11:00

- ◆ Todos los primeros jueves de cada mes

- ◆ Contact: Carolina Vargas, Staff Assistant, bilingüe | cvargas@aqmd.gov | 909.396.3050

Schedule

(Mostly Thursdays)

- ◆ **ECV**, quarterly, 5-7 pm, May 7, 2026
- ◆ **ELA**, 4-6 pm, February 26, 2026
- ◆ **SBM**, 5-7 pm, February 12, 2026
- ◆ **SELA**, quarterly, 4-6 pm, January 29, 2026
- ◆ **SLA**, quarterly, 4-6 pm, March 12, 2026
- ◆ **WCWLB**, 2-4 pm, March 26, 2026



Public Comment

Thank you!

More information on AB 617:
www.aqmd.gov/AB617

Email: AB617@aqmd.gov &
AB617comments@aqmd.gov

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