



AB 617 Community Air Protection Program Resident Stipend Policy

Community Steering Committees meet regularly, requiring ongoing participation and a significant time commitment from community residents, business owners, and other stakeholders. In most cases, steering committee meetings occur in the evenings and may draw attendees away from their families and other obligations. Community Steering Committee Resident members are not paid and do not have expenses reimbursed to participate in the process or attend these meetings. Providing stipends to help cover some time and expenses associated with attending meetings is an important way to support this critical participation and encourage meaningful community engagement throughout these processes.

The San Joaquin Valley Air Pollution Control District (Valley Air District) recognizes and appreciates the involvement of community residents who have participated as Resident members of AB 617 Community Steering Committees. This policy is intended to assist in removing barriers to allow for meaningful and diverse community involvement in the AB 617 Community Steering Committee process through voluntary stipends for Resident members of AB 617 Community Steering Committees.

To be eligible for stipends, each Resident member of the Community Steering Committee must complete and submit a voluntary Resident Stipend Enrollment Form. Resident members of the steering committee requesting stipends will receive \$75 per regularly scheduled Community Steering Committee meeting (excluding any subcommittee meetings). Their attendance must be verified on the meeting roll-call list, zoom log or sign-in sheet and must be present for 75% of the scheduled meeting (equivalent to participating in at least 1 hour and 30 minutes of a scheduled 2 hour meeting). Stipend payments will be issued to Resident members who have requested to receive stipends within 30 days of the scheduled meeting and will be sent to the mailing address provided on the enrollment form. Residents will receive stipends for attending up to fifteen (15) Community Steering Committee meetings in a calendar year, for a total stipend amount of up to \$1,125 per year. Stipend payments are subject to the availability of AB 617 funding on an annual basis.

All Resident members of the Community Steering Committees seeking reimbursement must be provided with, and acknowledge that they have received and reviewed, the AB 617 Resident Stipend Policy. Residents receiving stipends acknowledge that stipends may be considered income for tax purposes. Residents receiving \$600 or more in stipends in a calendar year will be issued a Form 1099-MISC for that calendar year. To receive reimbursement, Residents must complete, sign, and submit a Form W-9 before receiving a stipend and will need to submit a new form each year requesting stipends.





AB 617 Community Air Protection Program Resident Stipend Enrollment Form

| | First and Last Name | | | | | |
|------------|--|-------------------|-------|-------------------|--|--|
| MemberInfo | | | | | | |
| | Mailing Address | City | State | Zip Code | | |
| | | | | | | |
| | (Please ensure your mailing address is correct as your stipend check will be sent to this address) | | | | | |
| | E-mail Address | Preferred Phone # | ls t | his a cell phone? | | |
| | | | | Yes No | | |
| | Preferred Contact Method (check one ore two): Phone Text Email Mail (Note: stipend payment will be via check sent to your mailing address listed above) | | | | | |
| | Are you interested in enrolling in direct deposit? Yes (If yes, please complete the Direct Deposit Authorization Form) | s No | | | | |
| | By signing below, I certify that the following information is true, accurate, and complete to the best of my knowledge: | | | | | |
| | I am a resident of a AB 617 selected community and serve as a Resident member of the Community Steering Committee | | | | | |
| | • I understand that I must be present for 75% of any regularly scheduled Community Steering Committee meeting (equivalent to participating in at least 1 hour and 30 minutes of a scheduled 2 hour meeting) | | | | | |
| ify | I have read and agree with the information contained in the Resident Stipend Policy | | | | | |
| Verify | I am not an employee of the Valley Air District or Harder+Co. | | | | | |
| | I give my consent to the Valley Air District to use the information on this Enrollment Form for the purpose of contacting me regarding matters related to the AB 617 Community Steering Committee and determining my stipend eligibility | | | | | |
| | | | | | | |
| | Signature | | Date | <u>.</u> | | |
| nit | Submit application to Harder+Co. via e-mail at inas | n@harderco.com. | | | | |



Automated Clearing House or Direct Deposit Authorization Form

Harder + Company Community Research, Inc. prefers to make payments via Automated Clearing House (ACH) / Direct Deposit. Payments will be electronically deposited into your designated bank account, below, through ACH. We will send a remittance advice to the email address you provide below. ACH terms are NET 30, but the contractual terms can override this. This form authorizes Harder + Co to process payments for the CSC Member listed below through ACH. Please attach a voided check, or a bank reference letter, confirming the banking information you provide below.

| Company Name & | Harder + Company Community Research, Inc. |
|-------------------------|---|
| Telephone | (619) 398-1980 |
| Mail completed form to: | 3965 Fifth Avenue, Suite 420, San Diego, CA 92103 |
| Email questions to: | inash@harderco.com |

| CSC Member | |
|---|--|
| Name: | |
| Mailing Address: | |
| Telephone: | |
| Current Email for ACH/Direct Deposit remittance (required): | |

| Financial Institution Information |
|-----------------------------------|
| Bank Name: |
| Nine-Digit ACH Routing Transit # |
| Account Number: |
| Account Type: |



Authorization

I hereby authorize the above named client (Harder + Co Community Research, Inc.) to electronically credit the account above for payments (and, if necessary, electronically debit the account to correct erroneous credits). This authorization will remain in full force and effect until the above named client receives written notification of its termination.

| | Name: |
|---|----------------------|
| | Signature (REQUIRED) |
| I | Address |
| I | Date |