REQUEST TO USE OR MODIFY APPROVED COMMUNITY-IDENTIFIED STATIONARY SOURCE PROJECT PLANS

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SECTION A: AIR DISTRICT INFORMATION

SECTION A. AIR DISTRICT INFORMATION		
Air District:		
AB 617 Community (*if applicable):		
For Community-Identified Projects, include the CERP strategy title:		
*Required for Community-Identified Projects and optional for Stationary Source Projects		
SECTION B: EXISTING PLAN TO BE USED OR MODIFIED		
Air District/CAPCOA:	Project Plan Title:	
AB 617 Community (*if applicable):	CARB Action Date:	
*Required for Community-Identified Projects and optional for Stationary Source Projects		
SECTION C: COMMUNITY SUPPORT		
Community support must be documented to use or modify the approved Community-Identified or Stationary Source Project Plan. See the Community Air Protection Incentives 2019 Guidelines, Chapter 6, Section C.2.A for a more detailed explanation of what community support documentation may look like. Attach documentation with this form.		
Name of attached file(s) documenting community support:		
SECTION D: CHANGES TO THE APPROVED PROJECT PLAN		
In addition to the changes outlined in sections A-C, note if any remaining project plan items require changes:		
Participant Requirements Yes No	Funding Amounts ☐ Yes ☐ No	
Project Selection Yes No	Quantitative Methodology ☐ Yes ☐ No	
Other		
If yes, list items:		

If yes for any of the above, provide a strikeout/underline version of the modified section of the approved plan. For example, if changes are made to the Funding Amounts section, attach that section of the plan with the modifications. New deletions and additions to the originally proposed language should be shown in strikeout to indicate deletions and underline to indicate additions.

STATE OF CALIFORNIA CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

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SECTION E: CERTIFICATION

I have provided documentation of community support to modify or use the approved Community-Identified or Stationary Source Project Plan. All necessary changes to the approved plan are outlined per Section D.

Signature of Authorized Program Representative:	Title:
Printed Name:	Date:

Email this completed form, along with additional attachments, to AB617incentives@arb.ca.gov. Once received, CARB staff will log the request and respond to the district within 2 business days to acknowledge receipt. CARB staff will contact the district within one week of submittal to request additional documentation if needed. Changes are subject to a full plan review if deemed necessary by CARB staff. CARB staff will communicate final approval or notification of need for a full plan review within two weeks of submittal of the additional documentation.