

AB 617 filtración de aire residencial taller de aplicación

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South Coast Air Quality Management District



AGENDA

- Elegibilidad del solicitante
- Unidades de filtración de aire
- Pasos de la solicitud
- Sitio web
- Formulario de aplicación
- Presentación y próximos pasos
- Más información

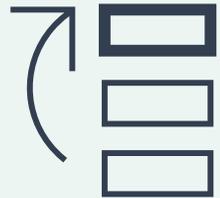


ELEGIBILIDAD DEL SOLICITANTE



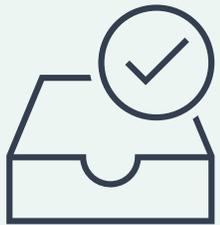
AB 617 Comunidades participantes

- Eastern Coachella Valley
- East Los Angeles, Boyle Heights, West Commerce



Priorización de aplicaciones

- ECV – Las solicitudes se evalúan por orden de llegada
- ELABHWC – Las solicitudes para residencias cercanas a fuentes de DPM recibirán prioridad dentro de los primeros 30 días de la apertura del programa



Solicitantes elegibles

- Debe verificar la dirección de su casa mostrando:
 - Factura de servicios públicos actual (dentro de los 3 meses), o
 - Declaración de impuesto a la propiedad

UNIDADES DE FILTRACIÓN DE AIRE

- Utilice filtros de aire de partículas de alta eficiencia (HEPA) clasificados para eliminar el 99,97 % de las partículas que miden 0,3 micrómetros o más
- Certificado CARB: unidades probadas para detectar emisiones de ozono y cumplen con un límite de concentración de emisiones de ozono de 0,050 partes por millón (50 ppb)
- Certificado Energy Star para garantizar un funcionamiento energéticamente eficiente
- La calificación de suministro de aire limpio (CADR) de la unidad está certificada por la Asociación de Fabricantes de Electrodomésticos (AHAM)



CÓMO SOLICITAR UNA UNIDAD DE FILTRACIÓN DE AIRE RESIDENCIAL

1

VISITA EL SITIO WEB

- ✓ Ir a Aqmd.gov/RAF
- ✓ Haga clic en 'Iniciar solicitud'

2

LLENAR FORMULARIO

- ✓ Complete la solicitud en línea

3

ELEGIR UNIDAD

- ✓ Revisar la hoja de especificaciones y comparar unidades
- ✓ Elige dos unidades
 - ✓ privilegiado
 - ✓ segundo

4

ADJUNTAR

- ✓ Agregar documento para verificar residencia
- ✓ Factura de servicios públicos actual: gas, agua, electricidad o
- ✓ Declaración de impuesto a la propiedad

5

ENTREGAR

- ✓ Revisar la solicitud para comprobar su precisión
- ✓ Firmar y enviar electrónicamente



RESIDENTIAL AIR FILTRATION PROGRAM

South Coast Air Quality Management District



The Residential Air Filtration Program aims to reduce residential exposure to particulate matter (PM) in participating AB 617 Communities. Residents within these communities are eligible for portable air filtration units and replacement filters. AB 617 communities participating in the program include:

- East Los Angeles, Boyle Heights, West Commerce, and
- Eastern Coachella Valley.

Who is Eligible for Residential Air Filtration

Residents within East Los Angeles, Boyle Heights, West Commerce and Eastern Coachella Valley AB 617 Communities. South Coast AQMD will begin accepting applications until funds are exhausted. In ECV, funding will be available to applicants on a first come, first-served basis. For ELABHWC, South Coast AQMD will prioritize funding for residences near sources of DPM for applications received within 30 days of program opening. After this period, funding will be available to applicants on a first-come, first-served basis.

When submitting an application, one of the following documents will be required to verify residence:

- First page of utility bill (water, gas, electric), or
- Property tax statement



VISITA EL SITIO WEB

- www.aqmd.gov/raf
- Unidades disponibles:
 - Guía comparativa
- Haga clic en 'Iniciar solicitud'

2

FORMULARIO DE APLICACIÓN

- Información del solicitante (por ejemplo, nombre y dirección particular)
- Preferencia de unidad de filtración de aire
- Verificación de residencia
- Acuerdo

RESIDENTIAL AIR FILTRATION PROGRAM

South Coast Air Quality Management District

AB 617 Residential Air Filtration (RAF) Application

Application

Application Information

RAF Application Nbr: 196 | Date First Stored: | Time First Stored: | Status: DATA ENTRY

Language Preference for Email Notifications

English Español

Applicant Information

Full Name* | Phone Number* | Second Phone Number

Email Address*

I confirm that I am a resident of the following AB 617 Community:*

East Los Angeles, Boyle Heights, West Commerce

Eastern Coachella Valley

Residence Information (where air filtration unit will be used)

Street* | City* | State: CA | Zip Code*

SECCIÓN 1: INFORMACIÓN DEL SOLICITANTE

- Selección de idioma

Language Preference for Email Notifications

English Español

Applicant Information

Full Name

Email Address

Second Phone Number

Language Preference for Email Notifications

English Español

I confirm that I am a resident of the following AB 617 Community:*

East Los Angeles, Boyle Heights, West Commerce

Eastern Coachella Valley

Residence Information (where air filtration unit will be used)

Street*

City*

State

Zip Code

County

Property Type*

Single Family Residential

Apartment

Condominium

Duplex

Mobile Home

Other

Property Ownership*

Owner Renter

Electric Utility Name*

Square Footage (sqft) of Home*

Number of People Occupying Home

SECCIÓN 1: INFORMACIÓN DEL SOLICITANTE

- Selección de idioma
- Información del contacto

Language Preference for Email Notifications
 English Español

Applicant Information

Full Name* Phone Number* Second Phone Number

Email Address*

Applicant Information

Full Name* Phone Number* Second Phone Number

Email Address*

City* State Zip Code

County

Property Type*
 Single Family Residential
 Apartment
 Condominium
 Duplex
 Mobile Home
 Other

Property Ownership*
 Owner Renter

Electric Utility Name*

Square Footage (sqft) of Home*

Number of People Occupying Home

SECCIÓN 1: INFORMACIÓN DEL SOLICITANTE

- Selección de idioma
- Información del contacto
- Comunidad AB 617

Language Preference for Email Notifications
 English Español

Applicant Information

Full Name* Phone Number* Second Phone Number

Email Address*

*I confirm that I am a resident of the following AB 617 Community:**
 East Los Angeles, Boyle Heights, West Commerce
 Eastern Coachella Valley

Residence Information (where air filtration unit will be used)

*I confirm that I am a resident of the following AB 617 Community:**
 East Los Angeles, Boyle Heights, West Commerce Community
 Eastern Coachella Valley Community

Street Zip Code

City

County

Property Type*
 Single Family Residential
 Apartment
 Condominium
 Duplex
 Mobile Home
 Other

Property Ownership*
 Owner Renter

Electric Utility Name*

Square Footage (sqft) of Home*

Number of People Occupying Home

SECCIÓN 1: INFORMACIÓN DEL SOLICITANTE

- Selección de idioma
- Información del contacto
- Comunidad AB 617
- Información de residencia y envío

Residence Information (where air filtration unit will be used)

Street*

City* State

County

Property Type*
 Single Family Residential
 Apartment
 Condominium
 Duplex
 Mobile Home
 Other

Property Ownership*
 Owner Renter

Electric Utility Name*

Square Footage (sqft) of Home*

Number of People Occupying Home

Use Residence Address as Mailing Address

Mailing Address (address where the air filter will be shipped)

Street*

City* State

SECCIÓN 2: SELECCIÓN DE UNIDAD

- La elección de la unidad no está garantizada
- Revisar las unidades disponibles en la Guía de Comparación
- Las recomendaciones de unidades por tamaño de habitación se muestran en el cuadro titulado "Tamaño de habitación"

Air Filtration Unit Preference

Air filtration unit preference is subject to availability.

For product information or to view and compare units please see the specifications sheet:

[English](#), [Español](#)

Unit Information

Choice

#1

Air Filtration Unit

Room Size (sqft)

Choice

#2

Air Filtration Unit

Room Size (sqft)

3

GUÍA COMPARATIVA

Unit Name	Atem X	AB0610FI	K1910FW	R1510FW	MA-25	MA-40	MA-50	MJR01	Trio Plus
Air Filtration Image									
Manufacturer	IQAir	Cuckoo	Cuckoo	Cuckoo	Medify Air	Medify Air	Medify Air	Oransi	Field Controls
SPECIFICATIONS									
Size	27.1"W x 25.2"H x 10"D	9.1"W x 14.8"H x 9.1"D	13.2"W x 25.6"H x 13.2"D	8.2"W x 14.8"H x 15.1"D	8"W x 13.5H x 8"D	10"W x 22"H x 10"D	9.9"W x 21.2"H x 9.9"D	12"W x 22"H x 12"D	28"W x 17.3"H x 9"D
Weight (lbs)	28.7	12	22	18	7.3	15.6	16	18	26.2
Maximum Noise Level (dBA)*	54	55	58	57	43	53	59	50	55
Recommended Square footage**	644	231	470	380	117	370	545	363	472
HEPA Filter	✓	✓	✓	✓	✓	✓	✓	✓	✓
Filter Life	18-36 months	6 months	12 months	12 months	6 months	6 months	6 months	12 months	6 months
Warranty	10 years	2 years	2 years	2 years	Lifetime	Lifetime	Lifetime	10 years	2 years
More info	Website	Website	Website	Website	Website	Website	Website	Website	Website
Quick Start Guide	Link	Link	Link	Link	Link	Link	Link	Link	Link

* Decibels (dBA): an adjusted measurement of sound produced by the air filtration unit; the above table includes the maximum noise levels of each unit; generally, 50 decibels are comparable to a quiet refrigerator.

** The recommended square footage is for the air filtration unit from the Association of Home Appliance Manufacturers (AHAM).

4

Required Attachment for Final Submission

I'm ready to attach Proof of Residence Address (Utility Bill or Property Tax Invoice)

Note: Please attach a copy of the first page of your utility bill or property tax statement. Either document must match the residence address provided above. Attached file can be in pdf or a picture format.

Save in Draft Mode

SECCIÓN 3: VERIFICAR RESIDENCIA

- Documentos utilizados para verificar la dirección del domicilio del solicitante
- Opción de guardar y volver a la aplicación más tarde

Los Angeles Department of Water & Power

www.ladwp.com

CUSTOMER SERVICE - 7:00 am
1-800-DIAL-DWP (342-5397)

1 BILL DATE Nov 12, 2013
ACCOUNT NUMBER

DATE DUE Dec 2, 2013
AMOUNT DUE

Page 1 of 5

SERVICE ADDRESS 1234 CUSTOMER LANE, LOS ANGELES, CA 90012

3 **Paying Your Bill**

AUTOMATIC PAYMENT
Automatically pay from your checking, savings or credit card by logging in at www.ladwp.com/billpay

ONLINE
Pay from your checking, savings or credit card any time by logging in at www.ladwp.com/myaccount

BY PHONE
Pay from your checking, savings or credit card any time by calling 1-800-DIAL-DWP and selecting "Make a Payment."

BY MAIL
Place your payment stub and your check or money order in the envelope provided with the bill.

IN PERSON
Pay at any Customer Service Center.

Account Summary

Previous Account
Payment Received
Credit Balance
New Charges

SOUTHERN CALIFORNIA EDISON
An EDISON INTERNATIONAL Company

For billing and service inquiries
1-800-990-7788
www.sce.com

Your electricity bill

4 **Summary**

Los Angeles

800-342-5397

LADWP provides the City of Los Angeles

City of Los Angeles

Customer Account
2-00-000-0000

Date bill 09/12/19

521 FARN ST UNIT A
SOUTH, CA 90000-0000

Your account summary

Previous Balance
Payment Received 08/29/19
Balance forward
Your new charges

Total amount you owe by 10/01/19

IID
A century of service

800.303.7756 760.339.9322 Fax 760.339.9298 www.iid.com

WATER

Customer Information

Name: IV Farmer
Address: PO Box 1000
El Centro, CA 92244

El Centro, CA 92244

Invoice Date: 7/7/2016 **1**
Account No: 3456543 **2**
Total Farm Unit Acres: 333.1 **3**

BILLING SUMMARY	CONSUMPTION SUMMARY
Account Balance	Farm Unit (AF) / MID: 3456543
Billing Period: 5/1/2016 to 5/31/2016	End of Billing Period: 5/31/2016 4/30/2016

DOCUMENTACIÓN ACEPTABLE

- Factura de servicios públicos: electricidad, gas, agua
- Declaración de impuesto a la propiedad

SECCIÓN 4: ACUERDO

- Debe conservar y utilizar la unidad durante 3 años
- Los problemas de garantía se dirigirán a los proveedores
- Intercambio de información para la entrega de la unidad
- No se permite la reventa de unidades
- Firme y envíe

5

Applicant Agreement

This Application is Complete and Ready for Submission to the SCAQMD.

Please read the following and check each box to indicate your acknowledgement:

I understand funding for this program is first come, first served. For the life of the program, I agree to run and maintain the selected air filtration unit per the manufacturer specifications and to change out filters per the manufacturer guidelines. *

I agree to keep all home air filtration units awarded to me under the AB 617 Residential Air Filtration Program in my possession and to make them available for inspection if requested by South Coast AQMD throughout the project life (3 years). Additionally, I agree to keep replacement filters in my possession throughout their useful life. I understand the resale of these items is prohibited. *

I acknowledge that South Coast AQMD is not a distributor or retailer of portable air filtration units or replacement filters, and I must direct all warranty claims to the manufacturer. South Coast AQMD does not warrant or endorse this equipment or assume any liability for its operation or use. Also, in the event of a product recall, the manufacturer is solely responsible for notifying purchasers and repairing, servicing, or replacing any parts recalled. *

I authorize South Coast AQMD to share the information provided in this application with a vendor selected by South Coast AQMD to deliver a portable air filtration unit and a three-year supply of filters to my residence. *

I agree to provide feedback on the portable air filtration unit and replacement filters, such as performance and end-user experiences, at the request of South Coast AQMD. *

I certify the the information I am providing South Coast AQMD for the AB 617 Residential Air Filtration Program is true and correct to the best of my knowledge. *

Applicant Signature *

[Click to Sign Document](#)



CRONOGRAMA DE ENVÍO DE SOLICITUDES

ENVÍO DE SOLICITUD

confirmación se enviará a la dirección de correo electrónico que figura en la solicitud



EVALUACIÓN DE LA SOLICITUD

- Las solicitudes se revisarán por orden de llegada
- ELABHWC tendrá una prioridad de 30 días para aquellos que estén cerca de fuentes de DPM

UNIDAD ENVIADA

Cuando se apruebe, se enviará un correo electrónico con el número de seguimiento al solicitante



UNIDAD ENTREGADA

Se estima que la unidad llegará a la dirección de envío dentro de las dos (2) semanas posteriores a la aprobación

MANTENIMIENTO DE LA UNIDAD

El solicitante cambiará los filtros de aire de la unidad según las instrucciones del fabricante



MÁS INFORMACIÓN

617AirFiltration@aqmd.gov

www.aqmd.gov/RAF

