Operational Air Quality Mitigation Plan (AQMP) / Greenhouse Gas Reduction Plan (GHGRP) Form

**Instructions**: Please complete this form and submit it with the AQMP and/or GHGRP to the Sac Metro Air District and the land use jurisdiction planner for review.

The sections expand as you type so you will not run out of space.

Questions? Contact the Sac Metro Air District at [ProjectReview@airquality.org](mailto:ProjectReview@airquality.org).

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| **Basic Information** | |
| **Name of land use project**  Include previous name(s) if applicable. | Click or tap here to enter text. |
| **Targeted Buildout Year:** | Click or tap here to enter text. |
| **Type of Plan Submitted for Review** | Air Quality Mitigation Plan (AQMP / AQ-15 / AQ-35)  Greenhouse Gas Reduction Plan (GHGRP)  Combination Air Quality Mitigation Plan and Greenhouse Gas Reduction Plan (AQMP/GHGRP)  Other type of plan: specify |
| **Name of Plan Submitted for Review:** | Click or tap here to enter text. |

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| **Applicant** | |
| Business Name: | Click or tap here to enter text. |
| Contact Name: | Click or tap here to enter text. |
| Phone (office): | Click or tap here to enter text. |
| Phone (other): | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

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| **Consultant** | |
| Business Name: | Click or tap here to enter text. |
| Consultant Name: | Click or tap here to enter text. |
| Phone (office): | Click or tap here to enter text. |
| Phone (other): | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

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| **Land Use Jurisdiction** | |
| Jurisdiction (city/county/other): | Click or tap here to enter text. |
| Planner Name: | Click or tap here to enter text. |
| Phone (office): | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

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| **Existing Land Use Designations** | |
| List all **existing or planned** Specific Plan, Master Plan, Community Plan, Design Guidelines, AQMP/GHGRP, special zoning, or other related land use requirement that the **project is currently subject to.**  Append or provide links to documents. | Click or tap here to enter text. |
| **Public Facilities Financing Plan / Urban Services Plan** **status, if applicable**  Append or provide links to documents. | Click or tap here to enter text. |
| Is this project requesting a change to the **Urban Services Boundary or the Urban Planning Area**? | Click or tap here to enter text. |
| Is the project as proposed assumed in the currently adopted **MTP/SCS (year 20XX**? | Click or tap here to enter text. |

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| **Environmental Review Timeline** | |
| Date of most recent NOP | Click or tap to enter a date. |
| Level of review requested (preliminary/admin stage, DEIR stage, revision review, etc.)? | Click or tap here to enter text. |
| Is this a recirculation or does this supersede a previous version? | Click or tap here to enter text. |
| Status of Environmental Review (for example, Admin, DEIR, FEIR) | Click or tap here to enter text. |

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| **Air Quality Mitigation Plan** | | | |
| **Reduction Goal(s)**  Specify (for example: 15%) | **Threshold(s) of Significance**  Specify (for example: 65 lbs/day) | **Source of Thresholds**  For example: Sacramento Air District | **Notes**  If needed, add clarifying information here |

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| **Greenhouse Gas Reduction Plan** | | | |
| **Reduction Goal(s)**  Specify (for example: 2,668.12 MT CO2e/yr by 2030 | **Threshold(s) of Significance**  Specify (for example: 0.78 MT CO2e/yr, per capita, residential sector) | **Source of Thresholds**  For example: Sacramento County | **Notes**  If needed, add clarifying information here |

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| **Other type of plan** | | | |
| **Reduction Goal(s)** | **Threshold(s) of Significance** | **Source of Thresholds** | **Notes**  If needed, add clarifying information here |

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| **Traffic Analysis**  **Fill out this section if a traffic analysis was used to determine trip information** | |
| Name of Traffic Analysis | Click or tap here to enter text. |
| Date of Traffic Analysis | Click or tap here to enter text. |
| Do other projects share this traffic analysis? If so, which ones? | Click or tap here to enter text. |

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| **Emissions - Mobile** | |
| Mobile emissions calculated in CalEEMod or off-model?  What CalEEMod version is used? | Click or tap here to enter text. |
| EMFAC version, if not using CalEEMod | Click or tap here to enter text. |
| Include any additional relevant information: | Click or tap here to enter text. |
| **Emissions- Energy** | |
| SMUD year | Click or tap here to enter text. |
| California Building Standards Code  (Title 24 energy compliance year) | Click or tap here to enter text. |

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| **Emissions Summary Table**  Complete for the applicable pollutants | | | | | |
| *Pollutant* | *Unmitigated Business-As-Usual Baseline (tons/year)* | *Mitigated Project (tons/year)* | *Reduction target*  *(tons/year, efficiency metrics, performance standards)* | Target met? (Yes/No) |
| NOX | Enter data here | Enter data here | Enter data here | Click or tap here to enter text. |
| ROG | Enter data here | Enter data here | Enter data here | Click or tap here to enter text. |
| PM10 | Enter data here | Enter data here | Enter data here | Click or tap here to enter text. |
| PM2.5 | Enter data here | Enter data here | Enter data here | Click or tap here to enter text. |
| GHG (CO2e) | Enter data here | Enter data here | Enter data here | Click or tap here to enter text. |

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| **Concerns & Considerations for Individual Emissions Reduction Measures** |
| **Global and Categorical Maximums (aka caps)**  Be sure to remain under the caps described in the CAPCOA Guidance. See CAPCOA’s Understanding and Using Fact Sheets.  **Project Setting**  CalEEMod project setting must match CAPCOA’s project setting in which caps are determined.  **Enforcement Mechanisms**  Include a description of the enforcement mechanisms necessary to fund and carry out activities such as TMA membership, transportation passes, etc. |

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| **Summary of Mitigation Measures** | |
| **Measure Name:** | Click or tap here to enter text. |
| Source (i.e., assumed in baseline, CalEEmod, CAPCOA Guidance, Air District Guidance): | Click or tap here to enter text. |
| Brief Description (you may provide more details in an attachment): | Click or tap here to enter text. |
| **Measure Name:** | Click or tap here to enter text. |
| Source (i.e., assumed in baseline, CalEEmod, CAPCOA Guidance, Air District Guidance): | Click or tap here to enter text. |
| Brief Description (you may provide more details in an attachment/narrative/plan): | Click or tap here to enter text. |
| **Measure Name:** | Click or tap here to enter text. |
| Source (i.e., assumed in baseline, CalEEmod, CAPCOA Guidance, Air District Guidance): | Click or tap here to enter text. |
| Brief Description (you may provide more details in an attachment): | Click or tap here to enter text. |
| **Measure Name:** | Click or tap here to enter text. |
| Source (i.e., assumed in baseline, CalEEmod, CAPCOA Guidance, Air District Guidance): | Click or tap here to enter text. |
| Brief Description (you may provide more details in an attachment): | Click or tap here to enter text. |

*Copy and paste more sections if needed*

Submitted on [click here to enter date] to Sac Metro Air District / Land Use Jurisdiction

Submitted by [click here to enter name and title of person submitting this form]

Electronic or written signature and date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_