



**CITY OF COACHELLA**  
Economic Development Department  
1515 Sixth Street  
Coachella, CA 92236  
760-398-3502, Ext. 124

**STRUCTURAL PROPERTY IMPROVEMENT PROGRAM**

**APPLICANT INFORMATION**

Indus Medical Associate's

Applicant Name

35400 Bob Hope Dr Suite 209

Mailing Address

Rancho Mirage CA 92270

City State Zip Code

(760) 202-0686

Phone

(760) 770-4563

Fax Number

qureshif66@gmail.com

E-Mail Address

Applicant's Signature

11-22-2021

Date

**PROPERTY INFORMATION**

Indus Medical Associate's

Business Name

791 Orchard Avenue

Address of Property to be Improved

Coachella, CA 92236

(760) 485-5308

Phone

(760) 776-3800

Fax Number

Bill Sanchez

Project Manager

Property Owner's Signature

11-22-2021

Date

Description of Improvements Quality exterior improvement descriptions are as follows; New signage, new paint, new lighting, façade architectural improvement, and new windows.

Applicants will be eligible for a specified maximum matching grant based on the building's linear foot frontage on a public way (e.g. street, alley, public parking lot):

Linear Public Frontage (feet)

Max. Grant Amount

10 – 49

\$10,000

50 – 89

\$15,000

90 or more

\$20,000

Total Grant Estimate \$ \$20,000



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## **STRUCTURAL PROPERTY IMPROVEMENT PROGRAM (SPIP)**

### **TERMS AND CONDITIONS**

In consideration for my receipt of financial assistance under the Terms and Conditions of the Structural Property Improvement Program ("SPIP") of the City of Coachella ("City"), I hereby submit plans prepared by a design professional for the building and/or property located at 791 Orchard Avenue, Coachella, CA 92236. I certify that these plans accurately reflect my intentions with respect to the improvements of the subject property.

I understand that the City's plan revision and approval process relates only to my request for assistance from the City under the terms of the Structural Property Improvement Program and that it in no way relieves me of my obligation to obtain all necessary building and sign permits and, in all other respects, conform to all applicable requirements of all governmental agencies insofar as they may relate to the proposed project.

I understand that my receipt of the City forgivable matching grant will be conditioned upon my execution of the plan as approved and conditioned, and that any changes I make that are not formally authorized by the City may jeopardize final payment of the grant. I further understand that I must submit; 1) an engineering estimate including a detailed scope of work, and 2) paid receipts for materials purchased and work performed, before the matching payment will be made by the City.

I agree that my receipt of the City forgivable matching grant will be conditioned upon the completion of all of the proposed improvements in a careful and workmanlike manner. I understand that the City reserves the right to withhold payment of the forgivable matching grant until all work is completed to its full satisfaction and proper documentation (i.e., paid invoices, etc.) of actual expenses incurred have been submitted for its approval.

I understand that the City forgivable matching grant and specifically the subsequent lien placed on the property will be removed only upon full compliance with the condition that the property (physical address) will maintain an operation business and stay in economic use for a minimum of four (4) years after receipt of the City issued Certificate of Occupancy or the improvements at this location are inspected and approved via a final City inspection.

Signature

11/24/21

Date

FARZANA QURESHI

Print Name



CITY OF COACHELLA  
Economic Development Department  
1515 Sixth Street  
Coachella, CA 92236  
760-398-3502, Ext. 124

## INDEMNITY AGREEMENT STRUCTURAL PROPERTY IMPROVEMENT PROGRAM (SPIP)

For good or valuable consideration, receipt of which is acknowledged, the owner(s) of the property located at 791 Orchard Ave, Coachella, CA 92236 (APN 778 -053 -009), who has(ve) participated in the Structural Property Improvement Program, agrees to **Indemnify, Defend and Hold Harmless** the City of Coachella and its elected officials, officers, agents, volunteers, and employees from and against all liability or loss of any kind, which may be sustained as a result of claims, demands, costs, expenses, damage, injury, causes of action or judgment arising from, but not limited to, the direct or indirect use of owner(s) or those of his/her contractor, subcontractor, agent, employee or other person acting on his/her behalf which relate to the use, operation, construction and maintenance of the funded structural/seismic and facade and/or property beautification activities which include Quality exterior improvements: New Signage, new paint, new lighting, facade architectural improvements, and new windows., or any other activities in connection with said property.

This provision applies to all damages and claims for damages suffered, which are alleged to relate in any way to the Structural Property Improvement Program. All of the terms contained in this Agreement shall be binding upon and shall inure to the benefit of the parties herein, their heirs, successors, legal representatives, assigns and all persons acquiring any part or portion of the property, whether by operation of law or in any manner whatsoever.

Made and executed this 30<sup>th</sup> day of November, 2021, at Coachella, Rancho Mirage California, FO

Dated 11/30/2021

By

Property Owner or Applicant Signature

STATE OF CALIFORNIA,

County of

Riverside

} S.S.

On November 30<sup>th</sup>, 2021, before me,

Jeff R. Kallmann, Notary Public

personally appeared

Farzana Pureshi

Name(s) of Signer(s)

☒ I proved to me on the basis of satisfactory evidence

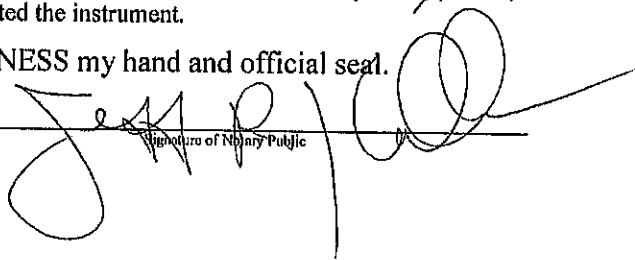
to be the person(s) whose name is/are subscribed to within instrument and acknowledged to me that his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),

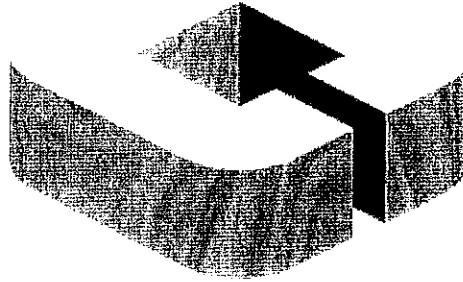


Place Notary Seal Above

or their entity upon behalf of which the person(s) acted,  
executed the instrument.

WITNESS my hand and official seal.

  
\_\_\_\_\_  
Signature of Notary Public



# **CAPITAL**

▪ **BUILDING SERVICES** ▪

**Capital Building Services Inc.**  
**Engineering Estimate Scope of Work:**  
**Indus Medical Associates**

## EXPENSE BUDGET

11/23/2021

### Capital Building services

Expense	Category	Budget	Actual	Difference (\$)
Signage	Specialties	\$11,027.09	\$11,027.09	\$ -
Architectural Detail to façade	Finishes	\$30,400.00	\$30,400.00	\$ -
Paint	Finishes	\$16,500.00	\$16,500.00	\$ -
New Windows	Doors & Windows	\$29,884.00	\$29,884.00	\$ -
Decorative lighting	Electrical	\$1,200	\$1,200.00	\$ -
Total Expenses		\$89,011.09	\$89,011.09	\$ -

### Engineering Estimate Scope of Work:

#### Signage Scope of work:

Signage has been ordered but is 6-8 weeks out for delivery. See attached Rendering of Signage ordered at Signarama. Replaced sign per updated city ordinance.

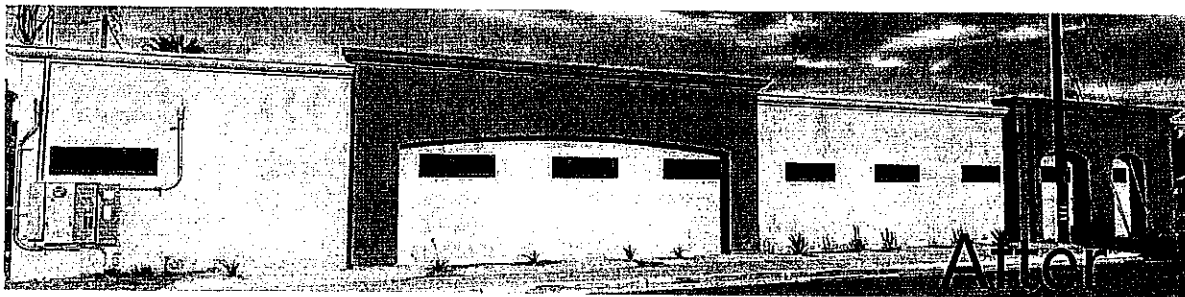
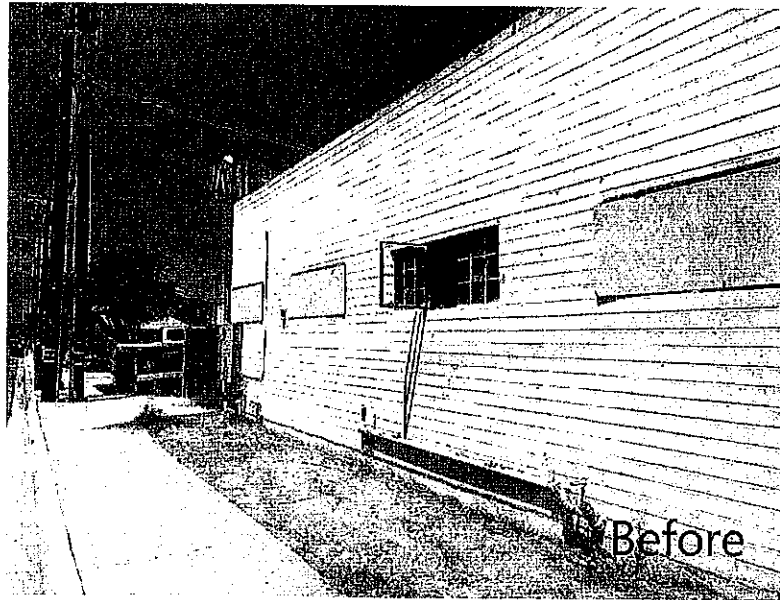
#### Architectural Detail to façade:

The original architectural design was modified to be consistent with the City of Coachella Pueblo Viejo Design Guidelines. This was achieved by creating pop-out features with arches. The roof line was also enhanced from the original single parapet height by creating multiple heights that broke up the building elevations. Repair/Repaint stucco to create building character.



**Paint:**

New Paint has been applied throughout the exterior and interior of building. Accent color added on pop-out features.



**New Windows:**

New store front energy efficient windows have been replaced and exterior windows along the sides of the building have been added/replaced to create a more inviting atmosphere.

Maximize window visibility.



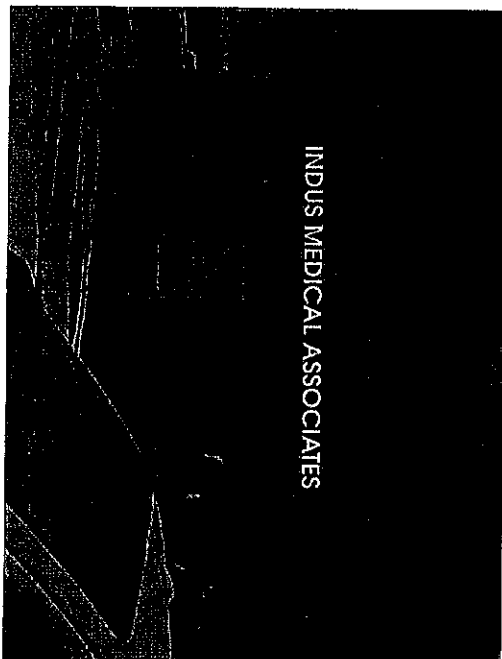


**Decorative lighting:**

Energy efficient decorative store front lighting fixtures have been installed.

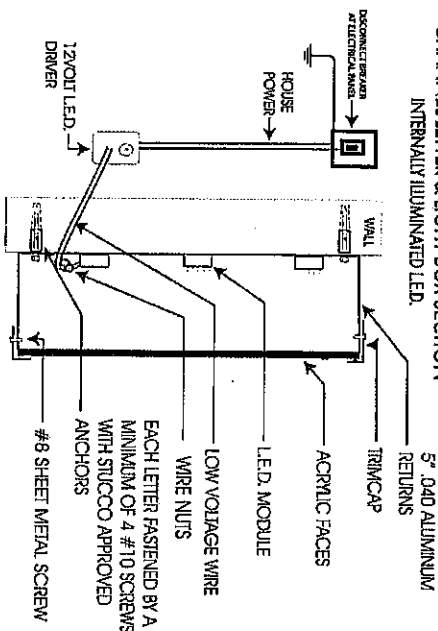
# 12.5' [INDUS MEDICAL ASSOCIATES 219"]

Internally Illuminated  
Acrylic Faced Channel Letters  
Depth: 5"  
Face Color: Day/Night Vinyl  
Return Color: Black  
Trim Cap Color: Black  
Mounting: Flush  
L.E.D. Color: White

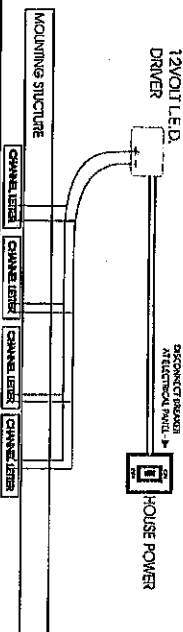


INDUS MEDICAL ASSOCIATES

## CHANNEL LETTER & LIGHT BOX SECTION



## CHANNEL LETTER CONNECTION DETAIL



**U.L. LISTED AND LABELED**  
COMPLIES WITH 2020 CA ELECTRIC CODE, ARTICLE 600  
INSTALLATION AND ASSEMBLY REQUIRED. SEE INSTALLATION INSTRUCTIONS.

Customer Approval:

Landlord Approval:

YOUR SIGNATURE ACKNOWLEDGES FULL APPROVAL OF DESIGN CONTENT AND LAYOUT. RELINQUISHING SIGNA-PALMA FROM RESPONSIBILITY IN REGARD TO INCORRECT DESIGN AND INFORMATION. THE COLORS SHOWN ARE ONLY REPRESENTATIVE OF ACTUAL PMS COLOR CALL OUTS. FINAL COLOR WILL BE MATCHED AS CLOSE AS POSSIBLE. COMPENSATE WITH MATERIALS USED. THIS DESIGN IS PROPRIETARY PROPERTY AND MAY NOT BE USED WITHOUT THE EXPRESSED WRITTEN CONSENT OF SIGNA-PALMA.

A1



**Signarama**  
The way to grow your business.

41945 BOARDWALK, SUITE L  
PALM DESERT, CA 92211  
PH 760.776.9907 / FX 760.776.9844

Frontage: 75 Linear Feet

Total Signage 19 S.F.

Contractor's Lic # 830131 C45, C61/D42  
Workers Comp. # 1938807  
City Lic. # 97005491

City Lic. # 97005491

Customer:  
Indus Medical Associates  
Address:  
791 Orchard St  
92211, CA, Coachella

Telephone: 760-485-7109  
Fax: 760-xxx-xxxx

92211, CA, Coachella

EAST ELEVATION

Dwg. No.: 109546

Rev.: 1

Date: 11/15/2021

Designer: DW

Salesperson: BS

JobSite:  
Scene



41945 BOARDWALK, SUITE L  
PALM DESERT, CA 92211  
PH 760.776.9907  
FX 760.776.9844

Date: 11-9-21  
Job#: 109546  
Salesperson: BS  
Graphic Artist: DW

YOUR SIGNATURE ACKNOWLEDGES FULL  
APPROVAL OF DESIGN CONTENT AND  
LAYOUT, RELEASING SIGNA-RAMA FROM  
RESPONSIBILITY IN REGARD TO  
INCORRECT DESIGN AND INFORMATION.  
THE COLORS SHOWN ARE ONLY  
REPRESENTATIVE OF ACTUAL PMS  
COLOR CALL OUTS. FINAL COLOR WILL  
BE MATCHED AS CLOSE AS POSSIBLE,  
COMMENSURATE WITH MATERIALS USED.  
THIS DESIGN IS PROPRIETARY PROPERTY  
AND MAY NOT BE USED WITHOUT THE  
EXPRESSED WRITTEN CONSENT OF  
SIGNA-RAMA.

APPROVAL SIGNATURE  
DATE \_\_\_\_\_

SIZE

N/A

COLOR

N/A

MATERIAL

Site Plan





41-945 Boardwalk  
Suite L  
Palm Desert, CA 92211  
(760) 776-9907

# Estimate

## EST-109546

www.pdsignarama.com

Payment Terms: Cash/Credit Card Customer

Created Date: 11/5/2021

### DESCRIPTION: Channel Letter Signage

**Bill To:** Indus Medical Associates  
791 Orchard Street Avenue  
coachella, CA 92211  
US

**Pickup At:** Signarama  
41-945 Boardwalk  
Suite L  
Palm Desert, CA 92211  
US

**Requested By:** Andrea Rivera  
Email: imabiller@gmail.com  
Work Phone: (760) 485-7109  
Cell Phone: (760) 485-7109

**Salesperson:** Bill Sigurdson  
Email: bill@pdsignarama.com

NO.	Product Summary	QTY	UNIT PRICE	AMOUNT
1	<b>Channel Letter Signage</b>	2	\$3,941.20	\$7,882.40
1.1	Standard Channel Letter - Part Qty: 1 Text: INDUS Medical Associates Notes: Size to Building			
2	<b>Labor and Installation</b>	2	\$969.40	\$1,938.80
2.1	Labor - Part Qty: 1 Text: Labor for install for each set			
3	<b>Sign Permit City of Coachella</b>	1	\$595.00	\$595.00
3.1	Permit / Procurement Fee -			

Regarding production of custom signs, this estimate is valid based on information from client about the project requirements. Changes by the client after proof and quote approval may result in a change to the price of the produced signs.

**Subtotal:** \$10,416.20

**Taxes:** \$610.89

**Grand Total:** \$11,027.09

*Paid 50% - 5513.54  
on 11/16/21*