

TAYLOR FAMILY FOUNDATION, INC.
26315 82ND AVE EAST, MYAKKA CITY, FL 34251

FAX: 941-677-6023

BESIDE STILL WATERS

Beside Still Waters at Playa Del Sol is a program that provides a place of retreat for rest and refocus. The four-unit, two-story complex is about one hour south of Tampa Florida, located in the heart of Anna Maria Island. Each unit is a completely furnished two-bedroom, two bath; with a full eat in kitchen. Washer and dryers are also included in each unit. The complex has a pool with no lifeguard on duty; therefore children must be supervised at all times while using the pool. Beaches and shopping are within walking distance.

This program is offered to God's servants. We define a servant as an experienced pastors, ministers, missionaries, bishops, priests, or rabbis, etc. (Applicant must have three years or more service in good standing.) Stay is limited to 10 days Full Days Year round. This unit has a full kitchen. Food, entertainment and transportation are not furnished by *Beside Still Waters*. All Applicants will pay a \$250.00 refundable deposit and an application fee of \$25.00 (non refundable) in addition to the cleaning fee charges as follows: We are changing to one cleaning fee of \$125 for all guests (6 total people per unit) In addition to these changes all payments will be made via credit card thru the square app. (an invoice will be issued upon application approval and be emailed to you to pay directly) and we will no longer accept paypal and checks as of January 1, 2019. An Application is required for all guests. Including returning guests.

You may fax the completed application to 941-677-6023 attn: Kathie Kittsmiller or e-mail: tffkathie@outlook.com

It is our goal at the Taylor Family Foundation to provide *Beside Still Waters* recipients a place to nourish, cleanse and re-energize their hearts and their minds, so that they may return to their ministry with a fresh outlook on their ministerial work.

TAYLOR FAMILY FOUNDATION, INC
EMAIL: TFFKATHIE@OUTLOOK.COM
FAX: 941-677-6023

MAIL: TFF, INC c/o KATHERINE KITTMILLER
26315 82ND AVE. EAST
MYAKKA CITY , FL 34251

Beside Still Waters Application

Date _____ Last Name _____ First _____ M.I. _____
Address _____
City, State and Zipcode _____
D.O.B. _____ Home Phone _____
Work Phone _____ Cell Phone _____
Email _____
Alternate Email _____
Your Ministry Position _____
Church / Ministry Employer _____
Employer's Address _____
Employer's Phone # _____ Fax # _____
Spouse's Name _____
Cell Phone _____ DOB _____

Briefly describe the circumstances of your life, which has brought you to this request.

Have you ever applied to BSW program before? When? _____
Have you stayed at BSW previously? When? _____
Are you currently in a full Time Ministry Position? _____

Please note: We have a strict 24 month between visit policy per household.

By Signing below, you attest to the truthfulness of all information listed on this application.

Signature: _____

Print Name: _____ Date: _____

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Beside Still Waters Program : Reservation Request Form

Today's Date _____

Please see our Blog for current dates available:

<http://besidestillwaters.wordpress.com/>

Dates You are Requesting:

Our Maximum Stay is 10 Full Days: year round

Check In Date: _____ Checkout Date: _____

2nd Choice _____ Checkout Date: _____

3rd Choice _____ Checkout Date: _____

Please list yourself and all persons who will be staying in the unit, Below:

	List Names	Ages
1		
2		
3		
4		
5		
6		

Required for application to be approved. A copy of your churches 501(c)3 IRS Determination Letter or For CANADA your not for profit documentation must be returned with your complete application. This is not your state Tax-exempt certificate or your Incorporation Papers

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Reference Form			
(For Ministry Superior, Supervisor ,Peer or Elder)			
Name		Phone	
Full Name of the person you are recommending:			
Address			
Email Address			
Your Position of Employment			
Best time to Call			

Do you understand that the “Beside Still Waters Program “ is not a place for a free vacation, but to provide a retreat to those who require rest, relaxation and rejuvenation from the daily stress on Ministering? _____

REQUIRED: ANSWER THE FOLLOWING QUESTIONS ON YOUR CHURCH LETTERHEAD OR ORGANIZATIONS LETTERHEAD.

- 1. How long have you known this person and in what capacity? Please use persons First and Last Name in the reference letter.**
- 2. Why are you recommending this individual or Family to come to “Beside Still Waters Program?” Please be specific, as we prioritize applications based on need. (This information is strictly Confidential)**
- 3. Is this person you are recommending in an active full time ministry position?**
- 4. Sign and Date your recommendation.**

501(c)3 Information

The use of the unit is donated to your ministry by an anonymous donor. Your ministry **MUST** provide an **IRS determination letter** that states they are recognized as a **501(C)3** tax exempt Organization in order to be approved.

If You Are a Missionary we will need the following:

- The IRS 501(c)3 determination letter from your missionary organization.
- Their current headquarters' address that would be on file with the IRS.
- A letter from your missionary organization stating that you currently are a full time missionary with their organization.

If your are a from a Church which is part of a Group Exemption we will need the following:

- The IRS 501(c)3 determination letter from the group exemption holder.
- Their current headquarters' address that would be on file with the IRS.
- A letter from the group exemption holder stating that your is currently part of their group exemption Dated 2008.

If your church is not part of a group exemption we will need the following:

- The IRS 501(c)3 determination letter for your church
- The churches current address that would be on file with the IRS.

Please note: The following is not sufficient documentation:

- Tax Exempt Certificate
- A letter from your church stating that your church is a 501(c)3 organization

Although churches are not required to file for this status, but in order to stay at Beside Still Waters program they must have filed for it and received the IRS 501(c)3 Determination letter stating that they are 501(C)3 tax exempt organization.

Canadians: Please include with your application your Business Number and a letter from the Canadian Revenue Stating that your Organization has a tax-exempt status as a registered Charity.

501(c)3 Information : Mark all supporting paperwork with applicant's name

Group Exemption Holder:	
Name	
City	
State/ Zip	
Phone Number	

Copy of supporting paperwork required

Missionary Organization or Non Group Exemption Holder:	
Name	
City	
State/ Zip	
Phone Number	

Copy of supporting paperwork required

Canadian or Foreign Organization:	
Name	
City	
Province/ Postal Code	
Country	
Phone Number	
Registry Number	

Copy of supporting paperwork required

BESIDE STILL WATERS PROGRAM

Agreement Form: Name _____

Initial ____1. **USE OF PREMISES.** Guests shall use the Premises only for residential purposes. You and your party shall indemnify the Owner or their agent against any expense, loss, or liability paid, suffered or incurred as a result of any breach by the guest, guest's agent, servants, employees, visitors, invitees, or licensee of covenants of conditions of this agreement, or as a result of guest's use or occupancy of the premises, or carelessness, negligence or improper conduct of guest or aforesaid mentioned parties. Guest agrees to reimburse owner for any fine or penalty that may be imposed upon owner by any court or by reason of any violation upon premises through the use thereof or fault of the Guest herein, his agents or servants. Guest must behave, and require all other persons on the premises to behave, in a manner that does not unreasonably disturb any neighbors or constitute a breach of the peace. Guests are expressly responsible for the safety of themselves, members of their families, and guests.

Initial ____2. Accommodations are limited to the number of persons shown on your reservation agreement. Absolutely no pool parties allowed. Swim at your own risk- there is no lifeguard on duty.

Initial ____3. Check in: Should you go into the wrong unit and we should have to move you to the correct unit. You will be charged an additional cleaning fee.

Initial ____4. Application Fee. All applicants will pay a non refundable application fee of \$25 each time an application is submitted.

Initial ____5. Deposit. All Applicants will pay a deposit of \$250. This deposit will be refunded in full if unit is left as instructed in this contract and all Taylor Family Foundation property is accounted. Damaged or missing items will be replaced and you will be charged accordingly. You will be contacted after your visit and asked if you would consider making a donation with your deposit to BSW if you would like to do so please fill out the donation form (see blog for Donation Form)) If you would like your deposit returned in full or in part please email me with amount you would like refunded and a refund will be made thru the square payment app. As soon as possible.

Initial ____6. Cleaning/ Maintenance. All applicants pay a set cleaning fee of \$125 for a standard clean. If the unit you occupy is left in a manner inconsistent with normal usage and additional cleaning is required beyond normal, you will be billed for the additional time at \$25.00 per hour plus any additional supplies necessary. You are responsible for any damage beyond normal wear and tear. Please be courteous of the cleaning and maintenance staff. **Please remember, we are a non-profit organization providing a free service to you and your family in appreciation for the hard work that you do.** We need your help in keeping our costs under control.

Initial ____7. Checkout. Prior to leaving unit Empty and clean the refrigerator and freezer, remove trash and place in designated receptacles outside, wash all dishes. Please strip all beds and gather all linens by the washer/dryer, we request that all linens and towels except for those being used on the day that you are leaving to be laundered. All doors and windows must be closed and locked and leave keys on dining room table and lock door upon exiting unit.

Initial ____8. Telephones are provided for your convenience for local calls only. It is recommended you purchase a calling card for any long distance calls.

Initial ____9. Sorry... NO PETS or Animals. are allowed on the property. NO SMOKING in the units at any time please If smoking on porches please keep windows and Doors closed.



Initial ____10. Parking is limited. Please be courteous and do not bring recreational vehicles on the premises.

Initial ____11. In the event of failure of any of the equipment to work, please call me at 941-538-2888. I will do my very best to get the repair done quickly. Our building maintenance crew (Chris and Kelly Joseph) is just a phone call away if there is an emergency 941-713-5174.

Initial ____12. You are responsible for your personal property. We cannot be responsible for articles lost or stolen. You expressly waive and relinquish any rights or claims against the owner or owner’s agent for any damage that may result to guest from lost or stolen articles.

Initial ____13. All units now have key code entry . Text me at 941-538-2888 with unit number and I can give you the most current code.

Initial ____14. If you are in the need of a porta crib for your stay please notify office one-week prior to arrival.

Initial ____15. We are very energy conscience at Beside Still Waters. Please do not use the air conditioner with the doors or windows open. (It is very hard on the equipment, and is very expensive.)

Initial ____16. Total Costs including Deposit and application fee is \$400. You are our guests. Applicant is counted in number of guests)

Initial ____17. Cancellation Policy is if you cancel 7 Days prior to scheduled stay \$350 of your total payment will be refunded.

Each guest must sign below. Parents must sign for minor children. By signing this agreement, you agree to adhere to and be courteous of the rules listed above. Please return both pages of signed agreement. **Applicant** must initial each line item above.

Applicant Sign	_____	Age	_____
Guest Sign 2	_____	Age	_____
Guest Sign 3	_____	Age	_____
Guest Sign 4	_____	Age	_____
Guest Sign 5	_____	Age	_____
Guest Sign 6	_____	Age	_____

