

Living Channel



Foundation

Living Channel Foundation Business Grant Application

Grant Amount: 200,000 FRW

Who can apply: You can apply as an Individual Woman or as a Registered Local Cooperative.

To be eligible, you must live in the district of Kayonza, and the business must also be in the district of Kayonza, you (or the members of your cooperative) must meet at least two of these conditions:

- Living in extreme poverty
- A single mother
- Caring for a family member with a disability

Section 1: Applicant & Church Information

- **Full Name / Primary Contact:**

- **Phone Number / WhatsApp:**

- **District / Sector / Cell:** _____

- **Name of Church You Attend:**

_____ ***Note:** We work with local partner churches to distribute these grants fairly across the community.*

- **Are you currently receiving help or participating in any programs from Living Channel Services?**

☐ Yes

☐ No

- **What is your age?** _____

Section 2: Your Family and Living Situation

1. **Ubudehe Category::**

☐ Category A/1

☐ Category B/ 2

2. Children Living in Your Household:

- Number of children living with you (under 18 years old): _____
- How many of these children are under 10 years old?: _____

3. Family Members Living with Disabilities:

- Does anyone with a disability live in your home with you?

☐ Yes

☐ No

If YES, please tell us:

- How they are related to you (for example: child, sister, self): _____
- Their age: _____

Section 3: Cooperative Application (Skip if Individual)

- Are you applying as a Cooperative / Group?

☐ Yes

☐ No

If YES, please tell us

- Cooperative Name: _____
- Number of Members in Cooperative: _____
- Official Registration / License Number: _____

Please provide Cooperative contact information

email _____

phone number) _____

Section 4: Business Proposal: Tell us about your business idea. You do not need formal writing skills—just explain your plan clearly in your own words.

1. Type of Application:

☐ Starting a **NEW** business

☐ Expanding an **EXISTING** business

2. **What is the name or type of your business?** (e.g., tailoring, vegetable market stall, poultry/livestock, small shop)

3. **Tell us about your business plan:**

- A. How will you spend the grant?** (Explain what you will buy with the 200,000 FRW)

- B. How will your business make money?** (Explain how you will earn income each day or each month)

4. **Your Skills and Experience:**

What work, training, or practical experience do you have that will help you run this business? (For example: selling at the market, farming, sewing, baking, or previous workshops)

Section 5: Reporting Agreement

Grant Commitment: By accepting this grant, you agree to share your progress with our team. Please check both boxes below to show you agree:

☐ **Monthly Check-ins:** I agree to give a short update each month on how my business is doing.

☐ **Final 6-Month Progress Report:** At the end of 6 months, I agree to share how the grant money was spent, how much income my business made, and how this helped my family.

Agreement & Promises

By signing or placing my thumbprint below, I promise that:

[] I told the truth: *Everything written in this application is accurate and true*

[] I will use the money correctly: *I will spend the grant money only on the business I described in this application.*

[] I will keep in touch: *I will share my brief monthly updates and my final 6-month progress report on time.*

Applicant Signature or Thumbprint: _____

Date: _____

Is a local partner or volunteer assisting with this application?

- ☐ [] Yes
- ☐ [] No

If YES, name of local partner/church volunteer assisting: _____

Send the finished application to info@livingchannel.ca or WhatsApp +250 793 895 289

We will contact chosen applicants in early February for an interview. Grant winners will be told in middle February. Grants will be given out in March. We will contact you then with more details.