

TEMPLATE FOR PILOT ACTIVITY

Name of the pilot activity	Exact name of the activity?
Description of activity	Short description? Importance of this activity for the institution?

The responsible department/ unit	
Organization unit/ service/ sector	

* please describe which department/ unit is engaged as leader in the realization of the pilot activity you mentioned in the first part. If this activity is shared among more departments/ units please mention all departments/ units through adding additional rows bellow first row.

The responsible person	
Name and surname	
Title	
Position	
E-mail	
Phone	

* please mention the most responsible person for the realization of this pilot activity. If this activity is equally distributed among more persons please mention more persons adding the same rows bellow the first person.

Specific activities and timetable			
No.	Name of specific activities of this pilot activity	Duration (months)	Deadline
1.			
2.			
3.	<i>... add rows if necessary</i>		
Other description/ comments (if necessary):			

* Pilot activity is consisted of one or more specific activities that should be undertaken if you want to realize pilot activity in whole. Please list all of them here in this part.

Beneficiaries of the Activity	
No.	Name/ Type of Beneficiary
1.	
2.	
3.	<i>... add rows if necessary</i>
Other description/ comments (if necessary):	

* Beneficiaries of the pilot activity could be students, staff, academic community, and other specific groups.

Expected results			
No.	Name/ Type of results	Measure (if applicable)	Reference to Document (Strategy, Mission, Plan, etc.)
1.			
2.			
3.	<i>... add rows if necessary</i>		
Other description/ comments (if necessary):			

* please mention all results that can arise from the realization of pilot activity

Non-Institutional Cooperation (if applicable)		
No.	Name of the organization/ experts outside	Type of cooperation/ engagement
1.		
2.		
3.	<i>... add rows if necessary</i>	
Other description/ comments (if necessary):		

* in this part please mention organizations or experts outside of the university which help and support will be needed in the realization of the pilot activity. You don't need to put exact name of person, just position/ title in the case of engagement of experts. If you don't need this kind of cooperation please delete this part.

Required Equipment (if applicable)			
No.	Type of Equipment	Quantity	Detailed Specification
1.			
2.			
3.	<i>... add rows if necessary</i>		
Other description/comments (if necessary):			

* if you need any kind of equipment necessary for the realization of the pilot activity please mention it. If you don't need anything please delete this part.

Estimated Expenses		
No.	Type of Costs	Required amount of financial resources until the realization of the pilot activity
1.		
2.		
3.	<i>... add rows if necessary</i>	
Total:		
Other description/comments (if necessary):		

* you can mention different kind of costs here: travel, staff, subcontracting etc.

Funding		
No.	Source of Financing	Required amount
1.		
2.		
3.	<i>... add rows if necessary</i>	
Total:		
Other description/ comments (if necessary):		

* Please mention sources of funding for estimated expenses described in the previous part and put required amount that can be provided from those sources.

Identification of Possible Threats/ Risk Analysis
<p>Description of threats (organizational, human resources, financial, institutional, professional capabilities, possible conflicts of interest and other ones): Please mention all kind of risks you can face during the implementation of the pilot activity. Identified risks can be related to defined activities in part 4 (specific activities and timetable).</p>
<p>Strategic responses on each identified risk: Please mention how you plan to reply on defined risk/s described in previous field.</p>
<p>Other description/comments (if necessary):</p>

Quality Control
<p>Plan of periodical evaluation/ assessment: Please mention the way how you plan to do periodical evaluation of the realization of the pilot activity and all specific activities. Please mention who will be engaged in this process (not name and surname, but position or function which will be engaged in the job).</p>
<p>Measuring progress (methodology, progress indicators, etc.): Please mention indicators of progress that can be used in evaluation.</p>
<p>Other description/comments (if necessary):</p>

Acceptance by the INSTITUTIONAL PROJECT COORDINATOR OF THE STINT PROJECT

Name:

Function:

Signature:

Seal/ Stamp of the University

Signed in: on/...../.....

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