**TECHNICAL PROPOSAL - DESCRIPTION OF THE WORK PLAN – FORM B1**

1. Objectives, Concept and approach (maximum 3 pages)

Applicants shall describe the objectives for the grant, which shall be consistent with the aim of the call for proposals.

These objectives are concrete statements describing what the applicant organisation is trying to achieve in order to reach its general and specific objectives. They must be defined at a level which allows them to be evaluated. They shall also be specific, measurable, realistic, and time-bound (containing an indication of the time within which they must be reached). Objectives can be hierarchically and temporally structured, so that the achievement of some objectives is a precondition for another.

Applicants shall include a detailed description of:

1. methods of implementation of the operational activities;
2. description of assumptions, models and tools needed for the implementation of the proposed activities
3. milestones or key points to help monitoring progress;
4. how the project intends to build on a previous project or previous activities (where applicable);
5. Expected Impact (maximum 3 pages)

Describe how your project will contribute to:

1. maximise the operational use of EGNOS in aviation
2. deliver public and economic benefits
3. describe any barriers/obstacles, and any framework conditions (such as regulation and standards), that may determine whether and to what extent the expected impacts will be achieved.
4. Implementation (maximum 3 pages)
5. **Planned Effort**

Proposals must include an aggregated overview of planned efforts (person-hours). Please follow the structure below:

|  |
| --- |
| **Planned Effort for the Project** |
| **Work package ID.** | **Work Package Title** | **Co-ordinator** | **Partner 2** | **Partner 3** | **…** | **Total****Person-hours** |
| **WP 1** |  |  |  |  |  |  |
| **WP 2** |  |  |  |  |  |  |
| **…** |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |

1. **Work Plan**

Proposals must also include a major sub-division of the proposed project into work packages, numbered 1 through ‘n’ (this might include the indication of part of the activities subcontracted or carried out by third parties). Please follow the structure of the following table:

|  |  |
| --- | --- |
| **WORK PACKAGE ID** |  |
| **Title** |  |
| **Start date/Event**  |  | **End date/Event** |  |
| **Total person-hours for work package** |  |
| **Person-hours per participant for work package** |
| **Participant Role** | **Organisation** | **Person-hours:** |
| Participant 1 Role |  |  |
| Participant 2 Role |  |  |
|  |  |  |
|  |  |  |
| **Objectives and approach** |
| **Required inputs**List required input (e.g. deliverables linked with other work packages) to carry out the tasks of the work package  |
| **Results**List results of the work package (e.g. related output deliverables) |
| **Tasks to be performed**List of foreseen tasks to be performed in the frame of the work package |

1. **Deliverables**

Deliverable refers to a distinct and tangible output of the project, meaningful in terms of the overall objectives, generally related to a specific objective and related set of activities and constituted by a report, tool, etc. The following table must list all planned deliverables with a short description of the content and its link with the project plan, the expected delivery periodicity. For each deliverable a dissemination level (public or confidential) shall be added. Each project should include a deliverable dedicated to capturing the lessons learned and operation benefits. In Areas C, D and F: it shall include one demonstration or other dissemination activity of the project result upon request by GSA

|  |
| --- |
| **Deliverables** |
| **Deliverable ID** | **Title** | **Short description** | **Periodicity**(a) | **Type** (b) | **Distribution**(c) | **WP Ref.**(d) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Notes:

* 1. Periodicity may include: Annual, Quarterly, Monthly, ad-hoc, etc.
	2. R = Report; SP = Specification, T= Tool, O = Other.
	3. P = Public, open for public dissemination (public deliverables shall be of a professional standard in a form suitable for print or electronic publication);

CO = Confidential, restricted under conditions to be set out in the Grant Agreement. Irrespective of the status, all reports and deliverables must be made accessible to the agreed project participants, and to the GSA and EC including third party reviewers..

* 1. Corresponding to the specific WP ID they refer to.
1. **Management structure**

Explain why the organisational structure and decision-making mechanisms are appropriate to the complexity and scale of the project.

Describe any critical risks, relating to project implementation, that the stated project's objectives may not be achieved. Detail any risk mitigation measures.

1. TECHNICAL ANNEXES

|  |
| --- |
| **Section 1 - Consortium / Company Details.** Do not include subcontractors.  |
| **Project Leader (n. 1)** | **Company name** | **Company category**(select one of the options below) | **Country** |
| **Partner n. 2** |  |  |  |
| **Partner n. 3** |  |  |  |
| **Partner n. 4** |  |  |  |
| **Partner n. 5** |  |  |  |
| **Partner n. 6** |  |  |  |
| **Partner n. 7** |  |  |  |
| **Partner n. 8** |  |  |  |
| **…** |  |  |  |
| **Company categories:** |
| 1. Air Navigation Service Provider
2. Airport Owner/Manager
3. Airport Association
 | 1. Heliport Owner/Manager
2. Helipad Association
3. Helicopter Operator
 | 1. Business Operator
2. Regional Operator
3. Commercial Operator
 | 1. Flight School / General Aviation
2. Operator Association
3. Aircraft Manufacturer
 | 1. Avionics Manufacturer
2. Part 21 Organisation
3. Part 45 Organisation
4. Other (please specify)
 |
| **Section 2 – Technical Proposal** |
| **Indicate the Areas of Activities covered in your proposal and the exact number of implementation activities (e.g. 2 LPV approach procedures-one for each RWY end- or 3 aircraft upgrade and certification)** |
| **A – RNP APCH procedures to LPV minima** |[ ]  **Number of RWY ends** |  | **Number of Airports** |  | **Fill in corresponding section 2.A** |
| **B – PinS Procedures to LPV minima** |[ ]  **Number of PinS** |  | **Number of Helipads** |  | **Fill in corresponding section 2.B** |
| **C – Aircraft or rotorcraft forward fit**  |[ ]  **Number of Aircraft/models** |  | **Fill in corresponding section 2.C** |
| **D – Aircraft or rotorcraft retrofit**  |[ ]  **Number of Aircraft** |  | **Fill in corresponding section 2.D** |
| **E – Development of Service Bulletin** |[ ]  **Number of SBs** |  | **Fill in corresponding section 2.E** |
| **F – Development of Supplemental Type Certificate** |[ ]  **Number of STCs** |  | **Applicable aircraft models** |  | **Fill in corresponding section 2.F** |
| **G – Development of enablers and other EGNOS based operations** |[ ]  **Please specify:** |  | **Fill in corresponding section 2.G** |
|  |
| **Section 2.A – RNP APCH Procedures down to LPV minima. Fill in one 2.A form for each aerodrome** |
| **Airport name:** |  | **ICAO code:** |  | **IATA code:** |  | **Country:** |  | **Serving ANSP:** |  |
| **Aerodrome infrastructure and facilities** |
| **Number of RWYS** |  | **Airspace class (A/B/C/D/E/G)** |  | **Is it a licensed/public aerodrome? (Y/N)** |  | **Is it used for commercial transport operations? (Y/N)** |  | **Air Traffic Services1:** |  |
| **Runway description** | **ICAO Annex 14 classification2:** | **If non-instrument RWY indicate** |  | **RWY name (heading)** | **Existing APCH procedures3:** | **Marking/lighting/Approach lighting system** |
|  |  | **Length/width (m)** | **Is it paved? (Y/N)** | **Lighting / marking?** |  |  |  |  |
| **RWY 1** |  |  |  |  | **RWY end 1** |  |  |  |
|  |  |  |  |  | **RWY end 2** |  |  |  |
| **RWY 2** |  |  |  |  | **RWY end 3** |  |  |  |
|  |  |  |  |  | **RWY end 4** |  |  |  |
| **RWY 3** |  |  |  |  | **RWY end 5** |  |  |  |
|  |  |  |  |  | **RWY end 6** |  |  |  |
| **What is the percentage of operations at the aerodrome of each different traffic type:** | **Provide a list of main operators:** |
| **Training** |  | **Recreational / General aviation** |  | **Business aviation** |  | **Commercial cargo** |  | **Regional commercial**  |  | **Commercial airlines** |  |  |
| **Planned activities** |
| **Which RWY ends are you planning on implementing LPV approaches for?** |  | **Are you planning to include other minima LNAV, LNAV/VNAV? If so, indicate which one/s.** |  | **Are you planning to design instrument SIDs and STARs?** |  |
| **Indicate which activities are covered in the proposal:** | **Check if applicable:** | **Completion date4** | **Total Cost (€)** | **Main responsible partner** | **Subcontractor (if needed)** | **Subcontracting costs** | **Description/Comments** |
| **Site Survey** |[ ]   |  |  |  |  |  |
| **Procedures design** |[ ]   |  |  |  |  |  |
| **Ground and flight validation** |[ ]   |  |  |  |  |  |
| **Safety Assessment** |[ ]   |  |  |  |  |  |
| **Publication on AIP** |[ ]   |  |  |  |  |  |
| **Other (specify)** |  |  |  |  |  |  |  |
| **Other (specify)** |  |  |  |  |  |  |  |
| **Expected Impact** |
| **Does any SBAS certified aircraft operate at the aerodrome or are you aware of any plans? (Y/N)** |  | **If so, indicate operator, number of aircraft, aircraft model and average number of operations per month** |  |
| **Is the aerodrome expected to increase the number of operations by implementing LPV? (Y/N)** |  | **If so, indicate why** |  |
| **Will LPV help to reduce disruptions (Y/N)** |  | **If so, indicate why**  |  | **Will you decommission any navaids?**  |  |
| **Will LPV help increase safety at the aerodrome (Y/N)** |  | **If so, indicate why** |  |
| **Does your proposal enclose a support letter from your CAA? (Y/N)** |  | **If it doesn’t. Are they informed about your project? If so, what was their answer?** |  |
| 1. **Select:****1 - No ATS – Air to Air Com; 2 - AFIS; 3 - Full ATC** | **2. Select:****Non-instrument; Non-Precision Instrument; Precision Instrument** | **3. Select:****Visual, NDB, VOR, DME, RNP APCH (LNAV), RNP APCH(LNAV/VNAV), RNP APCH (LPV), ILS, GLS** | **4.****Completion date (MM/YYYY) assuming that the project will start in Jan 2016 (01/2016)** |
|  |
| **Section 2.B – PinS Procedures to LPV minima. Fill in one 2.B form for each PinS** |
| **Main heliport or landing location name:** |  | **ICAO code:** |  | **IATA code:** |  | **Country:** |  | **Serving ANSP:** |  |
| **Heliport infrastructure and facilities** |
| **Number # of FATOs** |  | **Airspace class (A/B/C/D/E/G)** |  | **Is it a licensed/public heliport? (Y/N)** |  | **Is it used for commercial transport operations? (Y/N)** |  | **Air Traffic Services1:** |  |
| **Heliport description** | **Heliport type** | **Existing APCH procedures2:** | **Marking/lighting/Approach lighting systems** |
| **Main (Site 1)** | **Surface level** |[ ]  **Elevated** |[ ]  **Oilrig** |[ ]   |  |
| **PinS approaches can serve more than one heliport or landing site. If this is your case, please specify below the characteristics of the remaining heliports / landing sites** |
| **Site 2** | **Surface level** |[ ]  **Elevated** |[ ]  **Oilrig** |[ ]   |  |
| **Site 3** | **Surface level** |[ ]  **Elevated** |[ ]  **Oilrig** |[ ]   |  |
| **What is the percentage of operations of each different traffic type:** | **Provide a list of main operators:** |
| **Training** |  | **HEMS** |  | **Business aviation** |  | **Passenger transport** |  | **Touristic flights** |  | **Aerial works** |  |  |
| **Planned activities** |
| **Are you planning to include LNAV minima? (Y/N)** |  | **Will the PinS be connected to an existing IFR route? (Y/N)** |  | **Are you planning to design PinS departures?** |  |
| **Indicate which activities are covered in the proposal:** | **Check if applicable:** | **Completion date3** | **Total Cost (€)** | **Main responsible partner** | **Subcontractor (if needed)** | **Subcontracting costs** | **Description/Comments** |
| **Site Survey** |[ ]   |  |  |  |  |  |
| **Procedures design** |[ ]   |  |  |  |  |  |
| **Ground and flight validation** |[ ]   |  |  |  |  |  |
| **Safety Assessment** |[ ]   |  |  |  |  |  |
| **Publication on AIP** |[ ]   |  |  |  |  |  |
| **Other (specify)** |  |  |  |  |  |  |  |
| **Expected Impact** |
| **Does any SBAS certified helicopter operate at the aerodrome? (Y/N)** |  | **If so, indicate operator, number of aircraft, aircraft model and number of operations per month** |  |
| **Is it expected to increase the number of operations by implementing PinS LPV? (Y/N)** |  | **If so, indicate why** |  |
| **Will PinS LPV help reduced disruptions (delays, diversions or cancellations) (Y/N)** |  | **If so, indicate why (e.g. lower minima, better accessibility, cloud break procedure)** |  | **Will you decommission any navaids? Indicate which ones and when.** |  |
| **Will PinS LPV help increase safety at the aerodrome (Y/N)** |  | **If so, indicate why (e.g. enhanced situational awareness during nighty ops)** |  |
| **Does your proposal enclose a support letter from your CAA? (Y/N)** |  | **If it doesn’t. Have you informed them of your intentions? If so, what was their answer?** |  |
| 1. **Select:****1 - No ATS – Air to Air Com; 2 - AFIS; 3 - Full ATC** | **2. Select:****Visual, NDB, VOR, DME, RNP APCH (LNAV), RNP APCH(LNAV/VNAV), RNP APCH (LPV), ILS, GLS** | **3.****Indicate expected completion date (MM/YYYY) assuming that the project will start in Jan 2016 (01/2016)** |

|  |
| --- |
| **Section 2.C – Aircraft or rotorcraft forward fit. Fill in one 2.C form for each different aircraft or rotorcraft model** |
| **Aircraft**  |[ ]  **Rotorcraft** |[ ]  **Manufacturer and model** |  | **Number of units** |  | **Approximate MTOW** |  |
| **What is the use you will make of this aircraft (select all that apply):** |
| **Training** |[ ]  **Recreational / General aviation** |[ ]  **Business aviation** |[ ]  **Commercial cargo** |[ ]  **Regional commercial**  |[ ]  **Commercial**  |[ ]  **Other (indicate):** |  |
| **Default avionics installation. Does the standard version of this aircraft/rotorcraft model count on the following avionics?** |
| **ADF/NDB** |[ ]  **VOR/DME** |[ ]  **ILS** |[ ]  **GPS (indicate model)** |[ ]  **FMS (indicate model)** |[ ]
| **Is the aircraft/rotorcraft already certified against the following specifications?** |
| **RNAV 10** |[ ]  **RNAV 5** |[ ]  **RNAV 2** |[ ]  **RNAV 1** |[ ]  **RNP APCH** |[ ]  **If RNP APCH, indicate minima type:** | **LNAV** |[ ]  **LNAV/VNAV** |[ ]  **LP** |[ ]  **LPV** |[ ]
| **In case the aircraft is already certified for RNP APCH procedures down to LPV minima (AMC 20-28), indicate the purpose of this forward fit** |  |
| **Provide a list of main destinations:** |  |
| **Do you know which of these destinations have an LPV (or will have one in the near future)?** |  | **How many LPV operations per year are estimated at these airports?** |  |
| **Planned activities** |
| **Is there an available SB/STC for the changes? If so, indicate holder****(if not, please consider activities F and G of the call)** |  | **Are you considering this upgrade as a part of a larger modification?** |  |
| **Indicate which activities are covered in the proposal:** | **Check if applicable:** | **Completion date1** | **Total Cost (€)** | **Main responsible partner** | **Subcontractor (if needed)** | **Subcontracting costs** | **Description/Comments** |
| **Hardware acquisition** |[ ]   |  |  |  |  |  |
| **Installation and certification2** |[ ]   |  |  |  |  |  |
| **Crew training** |[ ]   |  |  |  |  |  |
| **Documentation** |[ ]   |  |  |  |  |  |
| **Operational Approval3** |[ ]   |  |  |  |  |  |
| **Other (specify)** |  |  |  |  |  |  |  |
| **Other (specify)** |  |  |  |  |  |  |  |
| **Expected Impact** |
| **Why are you considering this functionality?** |  |
| **Do you expect significant savings in your operational costs by implementing LPV? Why?** |  | **Will you access to new destinations? Which ones?** |  |
| **What other aircraft are on your fleet? Are they SBAS certified? If not, is there an STC available?** |  | **Are you planning any replacements? Will the new a/c be SBAS capable?** |  |
| **1.****Indicate expected completion date (MM/YYYY) assuming that the project will start in Jan 2016 (01/2016)** | **2.****This comprises the upgrade of existing avionics (SW, HW, cabling, connectors, etc.) and the airworthiness certification in the form of an existing SB or STC. If there is not SB or STC available, they could be considered in topics F and G of the call.** | **3.****Operational approval for RNP APCH down to LPV minima against AMC-2028 should be granted by the NSA to the operator**  |

|  |
| --- |
| **Section 2.D – Aircraft or rotorcraft retrofit. Fill in one 2.D form for each different aircraft or rotorcraft model** |
| **Aircraft**  |[ ]  **Rotorcraft** |[ ]  **Manufacturer and model** |  | **Number of units** |  | **Approximate MTOW** |  |
| **What is the use you will make of this aircraft (select all that apply):** |
| **Training** |[ ]  **Recreational / General aviation** |[ ]  **Business aviation** |[ ]  **Commercial cargo** |[ ]  **Regional commercial**  |[ ]  **Commercial**  |[ ]  **Other (indicate):** |  |
| **Default avionics installation. Does the standard version of this aircraft/rotorcraft model count on the following avionics?** |
| **ADF/NDB** |[ ]  **VOR/DME** |[ ]  **ILS** |[ ]  **GPS (indicate model)** |[ ]  **FMS (indicate model)** |[ ]
| **Is the aircraft/rotorcraft already certified against the following specifications?** |
| **RNAV 10** |[ ]  **RNAV 5** |[ ]  **RNAV 2** |[ ]  **RNAV 1** |[ ]  **RNP APCH** |[ ]  **If RNP APCH, indicate minima type:** | **LNAV** |[ ]  **LNAV/VNAV** |[ ]  **LP** |[ ]  **LPV** |[ ]
| **In case the aircraft is already certified for RNP APCH procedures down to LPV minima (AMC 20-28), indicate the purpose of this retrofit** |  |
| **Provide a list of main destinations:** |  |
| **Do you know which of these destinations have an LPV (or will have one in the near future)?** |  | **How many LPV operations per year are estimated at these airports?** |  |
| **Planned activities** |
| **Is there an available SB/STC for the changes? If so, indicate holder (dealer/ FBO / Part 21). If not, please consider activities F and G of the call** |  | **Are you considering this upgrade as a part of a larger modification?** |  |
| **Indicate which activities are covered in the proposal:** | **Check if applicable:** | **Completion date1** | **Total Cost (€)** | **Main responsible partner** | **Subcontractor (if needed)** | **Subcontracting costs** | **Description/Comments** |
| **Hardware acquisition** |[ ]   |  |  |  |  |  |
| **Installation and certification2** |[ ]   |  |  |  |  |  |
| **Crew training** |[ ]   |  |  |  |  |  |
| **Documentation** |[ ]   |  |  |  |  |  |
| **Operational Approval3** |[ ]   |  |  |  |  |  |
| **Other (specify)** |  |  |  |  |  |  |  |
| **Other (specify)** |  |  |  |  |  |  |  |
| **Expected Impact** |
| **Why are you considering this functionality?** |  |
| **Do you expect significant savings in your operational costs by implementing LPV? Why?** |  | **Will you access to new destinations? Which ones?** |  |
| **What other aircraft are on your fleet? Are they SBAS certified? If not, is there an STC available?** |  | **Are you planning any replacements? Will the new a/c be SBAS capable?** |  |
| **1.****Indicate expected completion date (MM/YYYY) assuming that the project will start in Jan 2016 (01/2016)** | **2.****This comprises the upgrade of existing avionics (SW, HW, cabling, connectors, etc.) and the airworthiness certification in the form of an existing SB or STC. If there is not SB or STC available, they could be considered in topics F and G of the call.** | **3.****Operational approval for RNP APCH down to LPV minima against AMC-2028 should be granted by the NSA to the operator**  |

|  |
| --- |
| **Section 2. E.1 – Development of Service Bulletin for RNP APCH down to LPV minima. Fill in one 2.E.1 form for each Service Bulletin** |
| **Aircraft Manufacturer (DAH)** |  | **Applicable Aircraft Model(s):** |  |
| **Does the SB apply to new a/c, a/c in use or both?** |  | **Is this SB development part of a forward fit plan (Section 2.C)?** |  |
| **Default avionics installation. Does the standard version of this aircraft model count on the following avionics?** |
| **ADF/NDB** |[ ]  **VOR/DME** |[ ]  **ILS** |[ ]  **GPS (please indicate model)** |[ ]  **FMS (please indicate model)** |[ ]
| **Is the aircraft already certified against the following specifications?** |
| **RNAV 10** |[ ]  **RNAV 5** |[ ]  **RNAV 2** |[ ]  **RNAV 1** |[ ]  **RNP APCH** |[ ]  **If RNP APCH so, indicate minima type:** | **LNAV** |[ ]  **LNAV/VNAV** |[ ]  **LP** |[ ]  **LPV** |[ ]
| **In case the aircraft is already certified for RNP APCH procedures down to LPV minima (AMC 20-28), indicate the purpose of this Service Bulletin development** |  |
| **Planned activities** |
| **Indicate which activities are covered in the proposal:** | **Check if applicable:** | **Completion date1** | **Total Cost (€)** | **Main responsible partner** | **Subcontractor (if needed)** | **Subcontracting costs** | **Description/Comments** |
| **Aircraft Survey** |[ ]   |  |  |  |  |  |
| **Design Data Package completion** |[ ]   |  |  |  |  |  |
| **A/C conversion and ground test** |[ ]   |  |  |  |  |  |
| **Compliance demonstration** |[ ]   |  |  |  |  |  |
| **SB design approval** |[ ]   |  |  |  |  |  |
| **Other (specify)** |  |  |  |  |  |  |  |
| **Other (specify)** |  |  |  |  |  |  |  |
| **Expected Impact** |
| **What is the number of a/c units that you expect to sell in Europe in the next 5 years with this SB functionality?** |  | **Has any operator already shown interest in this SB feature? If so, please indicate company and number of units.**  |  |
| **What is the estimated final cost of this SB for the operator?** |  | **Will the SB include other features than the certification for LPV use? If so, please indicate which ones** |  |
| **Do you, as manufacturer, count on other aircraft models in production which are already certified for use in RNP APCH procedures to LPV minima? If so indicate which models and the fitted EGNOS avionics.** |  | **What is the number of operating units in Europe for older versions of this aircraft model?** |  |
| **1. Indicate expected completion date (MM/YYYY) assuming that the project will start in Jan 2016 (01/2016)** |

|  |
| --- |
| **Section 2. E.2 – Development of Supplemental Type Certificate for RNP APCH down to LPV minima. Fill in one 2.E.2 form for each STC** |
| **Aircraft Manufacturer** |  | **Applicable Aircraft Model(s):** |  | **Part 21 (DOA):** |  |
| **Has the FAA approved a similar STC?** |[ ]  **Is it an AML STC application?** |[ ]  **Which GPS/EGNOS avionics will be installed?** |  |
| **Is this STC development part of a retrofit plan (Section 2.D)?** |  |
| **Current avionics installation. Does the current aircraft model count on the following avionics?** |
| **ADF/NDB** |[ ]  **VOR/DME** |[ ]  **ILS** |[ ]  **GPS (please indicate model)** |[ ]  **FMS (please indicate model)** |[ ]
| **Is the aircraft certified against any of the following specifications?** |
| **RNAV 10** |[ ]  **RNAV 5** |[ ]  **RNAV 2** |[ ]  **RNAV 1** |[ ]  **RNP APCH** |[ ]  **If RNP APCH so, indicate minima type:** | **LNAV** |[ ]  **LNAV/VNAV** |[ ]  **LP** |[ ]  **LPV** |[ ]
| **In case the aircraft is already certified for RNP APCH procedures down to LPV minima (AMC 20-28), indicate the purpose of this STC** |  |
| **Planned activities** |
| **Indicate which activities are covered in the proposal:** | **Check if applicable:** | **Completion date1** | **Total Cost (€)** | **Main responsible partner** | **Subcontractor (if needed)** | **Subcontracting costs** | **Description/Comments** |
| **Aircraft Survey** |[ ]   |  |  |  |  |  |
| **Design Data Package completion** |[ ]   |  |  |  |  |  |
| **A/C conversion and ground test** |[ ]   |  |  |  |  |  |
| **Compliance demonstration** |[ ]   |  |  |  |  |  |
| **STC design approval** |[ ]   |  |  |  |  |  |
| **Other (specify)** |  |  |  |  |  |  |  |
| **Other (specify)** |  |  |  |  |  |  |  |
| **Expected Impact** |
| **Do you know the number of eligible operating units in Europe for this aircraft model?** |  | **Has any operator already shown interest in this STC feature? If so, please indicate company and number of units that they would upgrade.**  |  |
| **What is the estimated final cost of this STC for the operator (including installation and labour)?** |  | **Will the STC include other features than the certification for LPV use? If so, please indicate which ones** |  |
| **1. Indicate expected completion date (MM/YYYY) assuming that the project will start in Jan 2016 (01/2016)** |

|  |
| --- |
| **Section 2. F – Development of enablers and other EGNOS based operations**  |
| **Please provide a description of the main objective, scope and expected impact of the proposed activities** |  |
|  |
| **Activities breakdown. Indicate which activities are covered in the proposal:** |
| **Activity:** | **Description** | **Completion date1** | **Total Cost (€)** | **Main responsible partner** | **Subcontractor (if needed)** | **Subcontracting costs** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **Expected Impact** |
| **Please explain the main benefits and expected impact of your activities** |  |
|  |
| **1. Indicate expected completion date (MM/YYYY) assuming that the project will start in Jan 2016 (01/2016)** |