

**New York-Presbyterian Hospital**

**HERCULES: Submission & Evaluation Form**

<b>PROJECT NAME:</b> _____	<b>Submission Date:</b> _____
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Complete **unshaded sections ONLY** (shaded cells populate automatically) with as much detail as available and submit electronically to [hfma@nyp.org](mailto:hfma@nyp.org).

**PROJECT PROFILE (REQUIRED)**

<b>Submitter</b>	_____	<b>Department/Function</b>	_____ <i>(select one)</i>
<b>Senior VP</b>	_____ <i>(select one)</i>	<b>Project Type</b>	_____ <i>(select one)</i>
<b>VP</b>	_____ <i>(select one)</i>	<b>Financial Impact Category</b>	_____ <i>(select one)</i>
<b>Campus:</b>	_____ <i>(select one)</i>	<b>Workstream:</b>	_____ <i>(select one)</i>

<b>Project Description:</b>	The outcome I want to improve is		I will do this by	
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**SUMMARY OF FINANCIAL BENEFIT & BUDGET IMPACT (NO ENTRIES IN THIS SECTION REQUIRED)**

<b>Current FY P&amp;L Impact</b>	<b>\$0</b>	<b>Est. Financial Impact Date</b>	
<b>Annualized P&amp;L Impact</b>	<b>\$0</b>		
<b>Total P&amp;L Impact</b>	<b>\$0</b>	<b>Current FY Budget Impact</b>	<b>\$0</b>

**ALLOCATIONS OF FINANCIAL INVESTMENTS & BENEFITS**

**1. Labor: Add/Reduce/ Modify Labor Expense (including overtime. Enter increases in FTEs as positives and decreases as negatives)**

Cost Center	Job Code	FTE	Salary Type	Annual Salary Amount per FTE	Total w Fringe	Impact Date (mm/dd/yy)	Impact End Date (one-time impact only)
<b>Sub-Total</b>					<b>\$0</b>		
<i>New Business Dollars for Labor (enter only if being used to fund a labor investment)</i>					<b>\$0</b>		
<b>Total Labor</b>					<b>\$0</b>		

*\* Fringe benefit number will be determined/adjusted by Finance*

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**2. OTPS (Non-Labor): Add/Reduce supplies and service expense** *(including agency. Enter increases in OTPS as positive dollar amounts and decreases as negative dollar amounts)*

Cost Center	Expense Code	Vendor Code	Lawson Product Number	Annual Amount	Impact Date (mm/dd/yy)	Impact End Date (one-time impact only)
<b>Sub-Total</b>				\$0		
<i>New Business Dollars for Non-labor (enter only if being used to fund a non-labor investment)</i>						
<b>Total Non-labor</b>				\$0		

**3. Patient Care Revenue (increase/decrease in case volume for existing or new services, in \$'s relative to budgeted baseline)** *(Enter increases in revenue as positives and decreases as negatives)*

Hospital Service (IP Only)	Registration Area (OP Only)	Clinic ID (OP Only)	Annual Incremental Case/UOS Volume	Revenue per Case (or UOS)	Total	Impact Date (mm/dd/yy)
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
<b>Totals</b>			0		\$0	

**4. Non-Patient Care Revenue (increase/decrease in case volume for existing or new services, in \$'s relative to budgeted baseline)** *(Enter increases in revenue as positives and decreases as negatives)*

Revenue Account	Total	Impact Date (mm/dd/yy)	Impact End Date (one-time impact only)
<b>Totals</b>	\$0		

Source: New York-Presbyterian. Used with permission.