

New York-Presbyterian Hospital

HERCULES: Submission & Evaluation Form

PROJECT NAME:		Submission Date:	
---------------	--	------------------	--

Complete **unshaded sections ONLY** (shaded cells populate automatically) with as much detail as available and submit electronically to [HERcules@nyp.org](mailto:HERcules@nyp.org).

PROJECT PROFILE (REQUIRED)

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

Project Description:	The outcome I want to improve is	I will do this by
----------------------	----------------------------------	-------------------

SUMMARY OF FINANCIAL BENEFIT & BUDGET IMPACT (NO ENTRIES IN THIS SECTION REQUIRED)

Current FY P&L Impact	\$0	Est. Financial Impact Date	
Annualized P&L Impact	\$0		
Total P&L Impact	\$0	Current FY Budget Impact	\$0

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)
Sub-Total					\$0		
<i>New Business Dollars for Labor (enter only if being used to fund a labor investment)</i>					\$0		
Total Labor					\$0		

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

PROJECT NAME: _____	Submission Date: _____
---------------------	------------------------

Complete **unshaded sections ONLY** (shaded cells populate automatically) with as much detail as available and submit electronically to [Hercules@nyu.org](mailto:Hercules@nyu.org).

**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>				<b>\$0</b>		
<i>New Business Dollars for Non-labor (enter only if being used to fund a non-labor investment)</i>						
<b>Total Non-labor</b>				<b>\$0</b>		

**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	
<b>Totals</b>			<b>0</b>		<b>\$0</b>	

**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>	<b>\$0</b>		

Source: New York-Presbyterian. Used with permission.