

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 1/1/2016 thru 6/30/2020.

Employer: Township of Delanco
County: Burlington
Date: 6/26/2017
Name: Richard B. Schwab
Print Name
Title: Township Administrator
Richard B. Schwab Digitally signed by Richard B. Schwab
Date: 2017.06.26 14:08:17 -04'00'
Signature

New Jersey Public Employment Relations Commission
NON-POLICE AND FIRE
COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #

SECTION I: Parties and Term of Contracts

1	Public Employer: <u>Township of Delanco</u>	County: <u>Burlington</u>
2	Employee Organization: <u>CWA Local 1036</u>	Number of Employees in Unit: <u>4</u>
3	Base Year Contract Term: <u>1/1/14 - 12/31/15</u>	New Contract Term: <u>1/1/16 - 6/30/20</u>

SECTION II: Type of Contract Settlement (please check only one)

4	<input checked="" type="checkbox"/> Contract settled without neutral assistance
5	<input type="checkbox"/> Contract settled with assistance of mediator
6	<input type="checkbox"/> Contract settled with assistance of fact-finder
7	<input type="checkbox"/> Contract settled with assistance of super-conciliator
8	If contract was settled in fact-finding, did the fact-finder issue a report with recommendations? Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION III: Salary Base

The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

9	Salary Costs in Base Year	<u>\$227,467</u>
10	Longevity Costs in Base Year	<u>\$6,727</u>
11	Total Salary Base	<u>\$234,194</u>

SECTION IV: Salary Increases for Each Year of New Agreement*

	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	<u>1/1/16</u>	<u>7/1/17</u>	<u>7/1/18</u>	<u>7/1/19</u>	
13 Cost of Salary Increments (\$)	<u>0</u>	<u>3,598</u>	<u>3,682</u>	<u>3,764</u>	
14 Salary Increase Above Increments (\$)	<u>-35,418</u>	<u>3,788</u>	<u>3,775</u>	<u>3,764</u>	
15 Longevity Increase (\$)	<u>-2,443</u>	<u>135</u>	<u>56</u>	<u>57</u>	
16 Total \$ Increase (sum of lines 13-15)	<u>-37,861</u>	<u>7,521</u>	<u>7,513</u>	<u>7,747</u>	
17 New Salary Base (\$)	<u>196,333</u>	<u>203,854</u>	<u>211,367</u>	<u>219,114</u>	
18 Percentage increase over prior year	<u>-16.2</u> %	<u>3.8</u> %	<u>3.7</u> %	<u>3.7</u> %	

**If contract duration is longer than five years, please add an additional page.*

SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items*

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	Uniform allowance	2,000	-400	0	0	0	
	Cell phone stipend	0	0	1,768	0	0	
20	Totals(\$):	2,000	-400	1,768	0	0	

**If contract duration is longer than five years, please add an additional page.*

SECTION VI: Medical Costs

	Base Year	Year 1
21 Health Plan Cost	\$ 82,349	\$ 73,184
22 Prescription Plan Cost	\$ 22,203	\$ 18,960
23 Dental Plan Cost	\$ 4,558	\$ 3,840
24 Vision Plan Cost	\$ 2,250	\$ 1,800
25 Total Cost of Insurance	\$ 111,360	\$ 97,784
26 Employee Insurance Contributions	\$ 14,767	\$ 12,525
27 Employee Contributions as % of Total Insurance Cost	13.3 %	12.8 %

Employer: Delanco Township

Employee Organization: CWA 1036

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Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA.

Vision/eyeglass reimbursement increased from \$250 maximum per employee to \$450 maximum per employee. This added a maximum of \$800 to the contract for the 4 covered employees.

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

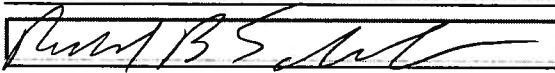
Print Name:

Richard B. Schwab

Position/Title:

Township Administrator

Signature:



Date:

6/26/17

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016