

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

Line #

**SECTION I: Parties and Term of Contracts**

1 Public Employer:  County:

2 Employee Organization:  Number of Employees in Unit:

3 Base Year Contract Term:

4 New Contract Term:

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

5  Contract settled without neutral assistance

6  Contract settled with assistance of mediator

7  Contract settled with assistance of fact-finder

8  Contract settled in Interest Arbitration

9 If contract was settled in Interest Arbitration, did the Arbitrator issue an Award? Yes  No

**SECTION III: Base Salary Calculation**

The "base year" refers to the final year of the expiring or expired agreement.

N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "Base salary' means the salary provided pursuant to a salary guide or table and any amount provided pursuant to a salary increment, including any amount for longevity or length of service. It shall also include any other item agreed to by the parties, or any other item that was included in the base salary as understood by the parties in the prior contract. Base salary shall not include non-salary economic issues, pension and health and medical insurance costs."

10 Salary Costs in base year \$

11 Longevity Costs in base year \$

12 Other base year salary costs

|                      |    |                      |
|----------------------|----|----------------------|
| <input type="text"/> | \$ | <input type="text"/> |
| <input type="text"/> | \$ | <input type="text"/> |
| <input type="text"/> | \$ | <input type="text"/> |
| <input type="text"/> | \$ | <input type="text"/> |

Sum of "Other" Costs Listed in Line 12. \$

13 Total Base Salary Cost: (sum of lines 10, 11, 12): \$

**SECTION IV: Increase in Base Salary Cost (for each year of New CNA)**

14 Total Base Salary Cost from Line 13: \$ 574,040

| Increases                                      | Year 1        | Year 2        | Year 3        | Year 4        | Year 5 | Year 6 |
|--|---------------|---------------|---------------|---------------|--------|--------|
| 15 Effective Date (month/day/year)             | <u>1/1/21</u> | <u>1/1/22</u> | <u>1/1/23</u> | <u>1/1/24</u> |        |        |
| 16 Cost of Salary Increments (\$)              | <u>11,530</u> | <u>11,818</u> | <u>12,113</u> | <u>12,477</u> |        |        |
| 17 Salary Increase Above Increments (\$)       |               |               |               |               |        |        |
| 18 Longevity Increase (\$)                     | <u>0</u>      | <u>0</u>      | <u>0</u>      | <u>0</u>      |        |        |
| 19 Total Increased Cost for "Other" Items (\$) |               |               |               |               |        |        |
| 20 Total Increase (\$) (sum of lines 16-19)    | <u>11,530</u> | <u>11,818</u> | <u>12,113</u> | <u>12,477</u> |        |        |

**SECTION V: Average Increase Over Term of New CNA**

21 Dollar Increase Over Life of Contract \$ 47,938 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract .084 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year .021 % [Divide percentage on Line 22 by number of years of the contract]

**SECTION VI: Other Economic Items Outside Base Salary and Increases**

←Increases→

| 24 | Item Description    | Base Year Cost (\$) | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
|----|---------------------|---------------------|--------|--------|--------|--------|--------|--------|
|    | Uniform Allowance   | 11,500              | 230    | 295    | 300    | 370    |        |        |
|    | EMT Stipend         | 1700                | 100    | 0      | 100    | 0      |        |        |
|    | Wellness Incentive  | 0                   | 6000   | 0      | 0      | 0      |        |        |
|    | Education Incentive | 1400                | 600    | 0      | 0      | 0      |        |        |
|    |                     |                     |        |        |        |        |        |        |
|    |                     |                     |        |        |        |        |        |        |
|    |                     |                     |        |        |        |        |        |        |
|    |                     |                     |        |        |        |        |        |        |
|    |                     |                     |        |        |        |        |        |        |
|    |                     |                     |        |        |        |        |        |        |
|    |                     |                     |        |        |        |        |        |        |
|    |                     |                     |        |        |        |        |        |        |
| 25 | Totals (\$):        | 14,600              | 6,930  | 295    | 400    | 370    |        |        |

**SECTION VII: Medical Costs**

|    | Insurance Costs         | Base Year     | Year 1        |
|----|-------------------------|---------------|---------------|
| 26 | Health Plan Cost        | \$ 107,613.04 | \$ 107,613.04 |
| 27 | Prescription Plan Cost  | \$ **         | \$ **         |
| 28 | Dental Plan Cost        | \$ 6,315.96   | \$ 6,315.96   |
| 29 | Vision Plan Cost        | \$ **         | \$ **         |
| 30 | Total Cost of Insurance | \$ 113,928    | \$ 113,928    |

Employer: Florence Township

Employee Organization: FOP Lodge 210, Sgt

**SECTION VII: Medical Costs (continued)**

|    |  |                     |                     |  |
|----|--|---------------------|---------------------|--|
| 31 | Employee Insurance Contributions           | \$ <u>27,899.68</u> | \$ <u>27,899.68</u> |  |
| 32 | Contributions as % of Total Insurance Cost | <u>.245</u> %       | <u>.245</u> %       |  |

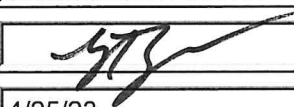
33 Identify any insurance changes that were included in this CNA.  
 \*\* - Prescription and vision is included in health care plan  
 No Change health Care cost from 2020-2021, township is self insured.  
  
 Delta Dental had a 3 year agreement for no change in cost.

**SECTION VIII: Certification and Signature**

34 The undersigned certifies that the foregoing figures are true:

Print Name: Stephen Fazekasssss

Position/Title: Administrator

Signature: 

Date: 4/25/23

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](mailto:contracts@perc.state.nj.us)

NJ Public Employment Relations Commission  
 Conciliation and Arbitration  
 PO Box 429  
 Trenton, NJ 08625  
 Phone: 609-292-9898

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