



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

14 Total Base Salary Cost from Line 13: \$ 524,851.24

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>1/1/18</u>	<u>1/1/19</u>	<u>1/1/20</u>	<u></u>	<u></u>	<u></u>
16 Cost of Salary Increments (\$)	<u>42,398.32</u>	<u>29,606.65</u>	<u>23,669.32</u>	<u></u>	<u></u>	<u></u>
17 Salary Increase Above Increments (\$)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
18 Longevity Increase (\$)	<u>3,830.52</u>	<u>1,251.49</u>	<u>1,137.78</u>	<u></u>	<u></u>	<u></u>
19 Total Increased Cost for "Other" Items (\$)	<u>1,241.28</u>	<u>1,272.08</u>	<u>1,005.86</u>	<u></u>	<u></u>	<u></u>
20 Total Increase (\$) (sum of lines 16-19)	<u>47,470.13</u>	<u>32,130.22</u>	<u>25,812.97</u>	<u></u>	<u></u>	<u></u>

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

21 Dollar Increase Over Life of Contract \$ 105,413.32 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 20 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 6.7 % [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
	Overtime	75,904.19	80,964.47	86,362.1	92,119.58			
	Holiday Pay	25,310.31	25,818.44	27,370.94	28,810.17			
	Buy Backs	13327.22	14215.71	15163.42	16174.31			
	Special Duty	2,905	3,098.67	3,305.24	3,525.59			
25	<b>Totals (\$):</b>	117,446.63	124,097.29	132,201.70	140,629.66			

**SECTION VII: Medical Costs**

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ 109,792	\$ 109,792
27	Prescription Plan Cost	\$ 28,714	\$ 28,714
28	Dental Plan Cost	\$	\$
29	Vision Plan Cost	\$	\$
30	Total Cost of Insurance	\$ 138,507	\$ 138,507

Employer: Hopewell Township Fire District No. 1

Employee Organization: Hopewell Valley Uniformed FF

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

31	Employee Insurance Contributions	\$ <u>34,126</u>	\$ <u>35,166</u>
32	Contributions as % of Total Insurance Cost	<u>24.6</u> %	<u>25.4</u> %

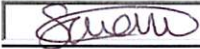
33 Identify any insurance changes that were included in this CNA.

**SECTION VIII: Certification and Signature**

34 The undersigned certifies that the foregoing figures are true:

Print Name: Sarah Ducicki

Position/Title: Purchasing Agent

Signature: 

Date: 4/19/18

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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