

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

14 Total Base Salary Cost from Line 13: \$ 2,007,047

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>1/1/2019</u>	<u>1/1/2020</u>	<u>1/1/2021</u>	<u>1/1/2022</u>	<u>1/1/2023</u>	
16 Cost of Salary Increments (\$)	<u>36,185</u>	<u>41,631</u>	<u>54,986</u>	<u>57,462</u>	<u>54,396</u>	
17 Salary Increase Above Increments (\$)	<u>236,095</u>	<u>76,276</u>	<u>44,054</u>	<u>61,663</u>	<u>69,598</u>	
18 Longevity Increase (\$)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
19 Total Increased Cost for "Other" Items (\$)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
20 Total Increase (\$) (sum of lines 16-19)	<u>272,280</u>	<u>117,907</u>	<u>99,040</u>	<u>119,125</u>	<u>123,994</u>	

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 732,346 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 36.49 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 7.3 % [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
25	Totals (\$):							

SECTION VII: Medical Costs

Insurance Costs		Base Year	Year 1
26	Health Plan Cost	\$ 315,104	\$ 319,091
27	Prescription Plan Cost	\$	\$
28	Dental Plan Cost	\$	\$
29	Vision Plan Cost	\$	\$
30	Total Cost of Insurance	\$ 315,104	\$ 319,091

Employer: Borough of Franklin Lakes

Employee Organization: Franklin Lakes P.B.A. Local #150113,616

SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>94,776</u>	\$ <u>94,551</u>
32	Contributions as % of Total Insurance Cost	<u>30.08</u> %	<u>29.63</u> %

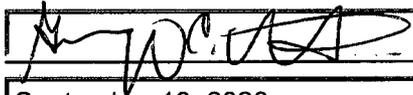
33 Identify any insurance changes that were included in this CNA.

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name: Gregory C. Hart

Position/Title: Borough Administrator

Signature: 

Date: September 18, 2020

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