

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 7/1/2020 thru 6/30/2023.

Employer: East Amwell Township BOE

County: Hunterdon

Date: 11/6/2020

Name: Heidi Gara

Print Name

Title: Business Administrator


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: East Amwell Township BOE County: Hunterdon
 2 Employee Organization: East Amwell Education Association Number of Employees in Unit: 64
 3 Base Year Contract Term: 2019-2020 New Contract Term: 2020-2023

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

4 Contract settled without neutral assistance
 5 Contract settled with assistance of mediator
 6 Contract settled with assistance of fact-finder
 7 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 No

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 \$ 3312637
 10 Longevity Costs in Base Year \$ 5818
 11 Total Salary Base \$ 3312637

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>7/1/20</u>	<u>7/1/21</u>	<u>7/1/22</u>		
13 Cost of Salary Increments (\$)	<u>99379</u>	<u>102360</u>	<u>105431</u>		
14 Salary Increase Above Increments (\$)	<u>0</u>	<u>0</u>	<u>0</u>		
15 Longevity Increase (\$)	<u>0</u>	<u>0</u>	<u>0</u>		
16 Total \$ Increase (sum of lines 13-15)		<u>102360</u>	<u>105431</u>		
17 New Salary Base (\$)	<u>3412016</u>	<u>3514376</u>	<u>3619807</u>		
18 Percentage increase over prior year	<u>3.0</u> %	<u>3.0</u> %	<u>3.0</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 (\$)
	Custodians	200921	6030	6215	6400		
	Student Aides	284649	7584	8727	9610		
	Instructional Aides	49906	1497	1549	1588		
20	Totals(\$):	535476	15111	16491	17598		

**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	\$ 1074090	\$ 1200943
22	Prescription Plan Cost	\$	\$
23	Dental Plan Cost	\$ 31733	\$ 32566
24	Vision Plan Cost	\$	\$
25	Total Cost of Insurance	\$ 1105824	\$ 1233509
26	Employee Insurance Contributions	\$ 240770	\$ 270525
27	Employee Contributions as % of Total Insurance Cost	21.77 %	21.93 %

Section VI: Medical Costs (continued)

28 N/A	Identify any insurance changes that were included in this CNA.
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SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:	<u>Heidi Gara</u>
Position/Title:	<u>Business Administrator</u>
Signature:	<u></u>
Date:	<u>November 6, 2020</u>

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