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 and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning agreement for th

Employer:

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Date

Name:

Print Name

County of Cumberland Cumberland

Title:

Signature

New Jersey Public Employment Relations Commission <u>POLICE AND FIRE</u>

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #		
	SECTION I: Parties and Term of Contracts	
1	Public Employer: County of Cumberland	County: Cumberland
2	Employee Organization: FOP Lodge #194	Number of Employees in Unit: 16
3	Base Year Contract Term: 1/1/2018 - 12/31/2022	
4	New Contract Term: 1/1/2023 - 12/31/2026	
	SECTION II: Type of Contract Settlement (please	e 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 Arbitr	rator issue an Award? Yes No
	SECTION III: Base Salary Calculation	
	The "base year" refers to the final year of the expiring or ex	cpired agreement.
	N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "Base or table and any amount provided pursuant to a salary incredit shall also include any other item agreed to by the parties, understood by the parties in the prior contract. Base salary health and medical insurance costs."	
10	Salary Costs in base year	\$ <mark>1,158,302</mark>
11	Longevity Costs in base year	\$ ⁰
12	Other base year salary costs	
	s	
	\$	
	\$	
	\$	
	Sum of "Other" Costs Listed in Line 12.	\$
13	Total Base Salary Cost: (sum of lines 10, 11, 12):	\$ 1,158,302

Employer: County of Cumberland			Employ	/ee Organizatio	on: FOP Lodg	e #194	Page 2
14	SECTION IV: Increase Total Base Salary Cost from		y Cost (for each year of New CNA) \$\frac{1,158,302}{}				
	Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15	Effective Date (month/day/year)	1/1/2023	1/1/2024	1/1/2025	1/1/2026		
16	Cost of Salary Increments (\$)	38,696	90,402	42,500	42,500		
17	Salary Increase Above Increments (\$)						
18	Longevity Increase (\$)						
19	Total Increased Cost for "Other" Items (\$)					Management of the control of the con	
20	Total Increase (\$) (sum of lines 16-19)	38,696	90,402	42,500	42,500	commenced and the second control of the seco	
SECTION V: Average Increase Over Term of New CNA							
21	Dollar Increase Over Life	of Contract	\$ 214,098	[Take sur	n of all amount	s listed on Lir	ne 20 above]
22	Percentage Increase Over	Life of Contra	garanteen and a second a second and a second a second and	% [Divide a	mount on Line	21 by amoun	t on Line 14]
23	Average Percentage Incre	ease Per Year	4.62	% [Divide p	_	ine 22 by nun	nber of years of

Employer:	County of Cumberland	Employee Organization:	FOP Lodge #194	Dage :
ziiipio y ci i		Employee Organization.	,	i age -

SECTION VI: Other Economic Items Outside Base Salary and Increases

←Increases→

					\ II	ici cases 7		
24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
					de chair granden de chair de c	ANALY MANAGEMENT OF THE PROPERTY OF THE PROPER	and the second s	
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		ganatiniana.com/antinecconostiticanosterconr	Grandstation of the Company of the American American Company of the Company of th				SANT PROBABILITIES CONTROL CON	
25	Totals (\$):							

SECTION VII: Medical Costs

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ 326,236	\$ 316,920
27	Prescription Plan Cost	\$\\\ 74,334	\$ 70,868
28	Dental Plan Cost	\$ 6,110	\$ 5,618
29	Vision Plan Cost	\$ 2,455	\$ 1,887
30	Total Cost of Insurance	\$ 409,135	\$ 395,293

Emplo	Over: County of Cumberland	Employee Organization: FOP Lodge #194	Page 4
SECTI	ION VII: Medical Costs (continued)		
31 32 33 Not a	Employee Insurance Contributions Contributions as % of Total Insurance Cost Identify any insurance changes that were applicable	\$ 132,024 \$ 127,710 32.27 % 32.31 % e included in this CNA.	
34	SECTION VIII: Certification and Signatu The undersigned certifies that the foreg Print Name: Paid Des Position/Title: Prome T Signature: Date: 100 and T	oing figures are true:	
	Send this completed and signed form al certification form to: contracts@perc.s	long with an electronic copy of the contract and the signate.nj.us	gned
	NJ Public Employment Relations Commis Conciliation and Arbitration PO Box 429 Trenton, NJ 08625	ssion	

Revised 8/2016

Phone: 609-292-9898