

## Line #

1	Public Employer:	Holland Township	County:	Hunterdon
2	Employee Organization:	Hunterdon County PBA 188	Number of Employees in Unit:	7
3	Base Year Contract Term:	01/01/2020-12/31/2024		
4	New Contract Term:	01/01/2025-12/31/2029		

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 ☐

10	Salary Costs in base year	\$	499,763.00
11	Longevity Costs in base year	\$	0.00
12	Other base year salary costs		
		\$	
		\$	
		\$	
		\$	
	Sum of "Other" Costs Listed in Line 12.	\$	0.00
13	Total Base Salary Cost: (sum of lines 10, 11, 12):	\$	499,763.00

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

14 Total Base Salary Cost from Line 13: \$ 499,763.00

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>01/01/2025</u>	<u>01/01/2026</u>	<u>01/01/2027</u>	<u>01/01/2028</u>	<u>01/01/2029</u>	<u></u>
16 Cost of Salary Increments (\$)	<u>52,000.00</u>	<u>17,662.74</u>	<u>19,028.79</u>	<u>20,460.93</u>	<u>21,961.84</u>	<u></u>
17 Salary Increase Above Increments (\$)	<u>36,695</u>	<u>27,871.80</u>	<u>28,710.08</u>	<u>29,569.21</u>	<u>30,456.27</u>	<u></u>
18 Longevity Increase (\$)	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u></u>
19 Total Increased Cost for "Other" Items (\$)	<u>300.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u></u>
20 Total Increase (\$) (sum of lines 16-19)	<u>88,995.00</u>	<u>45,534.54</u>	<u>47,738.87</u>	<u>50,030.14</u>	<u>52,418.11</u>	<u></u>

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

21 Dollar Increase Over Life of Contract \$ 284,716.66 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 56 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 11 % [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
	New Stipends*	0	300.00	0	0	0	0	
	*SRO *CIT *TAC							
	*ABC *Firearms							
	*Animal Control							
	*Internal Affairs							
	*Alco Test9510							
	\$300 for each	of 8	certifications	per year				
25	Totals (\$):	0	300.00	0	0	0	0	

**SECTION VII: Medical Costs**

Insurance Costs		Base Year	Year 1
26	Health Plan Cost	\$ 133,601.00	\$ 167,689
27	Prescription Plan Cost	\$ 22,876	\$ 32,253
28	Dental Plan Cost	\$ 10,659	\$ 10,659
29	Vision Plan Cost	\$ 0	\$ 0
30	Total Cost of Insurance	\$ 167,136	\$ 210,601

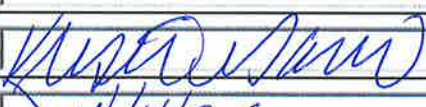
**SECTION VII: Medical Costs (continued)**

31 Employee Insurance Contributions \$ 41,976.93 \$ 63,099.17  
32 Contributions as % of Total Insurance Cost 25 % 29 %

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: Kristi Gano  
Position/Title: CMFO  
Signature:   
Date: 4/4/25

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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