

**SUMMARY FORM**

**COLLECTIVE BARGAINING AGREEMENT  
PUBLIC SECTOR / NON-POLICE & NON-FIRE**

**Section I: Agreement Details**

Public Employer: LOWER TOWNSHIP County: Cape May  
 Employee Organization: AFSCME Employees in Unit: 34  
 Base Year Contract Term: 1/1/2006 12/31/2011 New Contract Term: 1/1/2012 12/31/2015  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

	Column A Base Year - Total Costs <i>(Last Year of Previous agreement)</i>	Column B New Base Year - Total Costs <i>(First Year of Successor agreement)</i>
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	\$1,296,667	\$1,389,688
Item 2 ..... <u>Increment</u>		
Item 3 ..... <u>Longevity</u>	\$42,859	
Item 4 ..... _____		
Item 5 ..... _____		
Item 6 ..... _____		
Item 7 ..... _____		
Item 8 ..... _____		
Item 9 ..... _____		
Item 10 ..... _____		
Item 11 ..... _____		
Item 12 ..... _____		
<i>Any additional items list on separate sheet</i> Additional Items		
<b>Section III: Totals</b> - Sum of costs in each column	\$1,339,526	\$1,389,688
	(Total)	(Total)

**Section IV: Analysis of new successor agreement**

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	\$1,339,526				
<b>Effective Date (m/d/yyyy)</b>	<u>1/1/2013</u>	<u>1/1/2013</u>	<u>1/1/2014</u>	<u>1/1/2015</u>	
Percent Increase	<u>3.74%</u>	<u>-2.09%</u>	<u>2%</u>	<u>2%</u>	
Total cost of increase	<u>\$50,162</u>	<u>-\$29,052</u>	<u>\$27,213</u>	<u>\$27,757</u>	
Total base salary (successor agreement)	<u>\$1,389,688</u>	<u>\$1,360,637</u>	<u>\$1,387,849</u>	<u>\$1,415,606</u>	

**Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement) 1.41  
 Dollar Impact (average per year over term of agreement) \$19,020.00

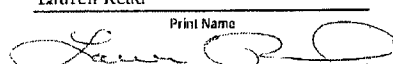
**Section VI**

*Health Insurance (include cost associated with each item)*

	Base Year	Year 1		
Cost of Health Plan	\$501,710	\$538,163		
Employee Contributions	\$14,745	\$15,543		
Prescription				
Dental				
Vision				

*The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, she is subject to punishment.*

**Section VII**

Prepared by: Lauren Read Title: CFO, Township of Lower  
 Signature:  Date: 6/18/2013