

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 7/1/2021 thru 6/30/2024.


Employer: East Amwell Township BOE

County: Hunterdon

Date: 8/13/2021

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 Principal & Supervisor Association Number of Employees in Unit: 3

3 Base Year Contract Term: 2020-2021 New Contract Term: 2021-2024

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 \$ 333637

10 Longevity Costs in Base Year \$

11 Total Salary Base \$ 333637

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>07/01/2021</u>	<u>07/01/2022</u>	<u>07/01/2023</u>	<u> </u>	<u> </u>
13 Cost of Salary Increments (\$)	<u>13346</u>	<u>13012</u>	<u>12599</u>	<u> </u>	<u> </u>
14 Salary Increase Above Increments (\$)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
15 Longevity Increase (\$)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
16 Total \$ Increase (sum of lines 13-15)	<u>13346</u>	<u>13012</u>	<u>12599</u>	<u> </u>	<u> </u>
17 New Salary Base (\$)	<u>346983</u>	<u>359995</u>	<u>372594</u>	<u> </u>	<u> </u>
18 Percentage increase over prior year	<u>4</u> %	<u>3.75</u> %	<u>3.5</u> %	<u> </u> %	<u> </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 (\$)
	Reim Related Evening Mtgs B&G Supervisor	500	475	0	0		
20	Totals(\$):						

**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	\$ 82378.80	\$ 84850.08
22	Prescription Plan Cost	\$	\$
23	Dental Plan Cost	\$ 2091.48	\$ 2091.48
24	Vision Plan Cost	\$	\$
25	Total Cost of Insurance	\$ 84470.28	\$ 86941.56
26	Employee Insurance Contributions	\$ 29232.00	\$ 30083.99
27	Employee Contributions as % of Total Insurance Cost	34.61 %	34.60 %

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>August 13, 2021</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