

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 1/1/2021 thru 12/31/2025.

Employer: City of Brigantine

County: Atlantic

Date: 4/7/2021

Name: James Bennett

Print Name

Title: City Manager

Signature

New Jersey Public Employment Relations Commission
POLICE AND FIRE
COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #

SECTION I: Parties and Term of Contracts

1 Public Employer: City of Brigantine County: Atlantic
2 Employee Organization: PBA Local #204 Number of Employees in Unit: 34
3 Base Year Contract Term: 2020
4 New Contract Term: 2021-2025

SECTION II: Type of Contract Settlement (please 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 Arbitrator issue an Award? Yes No

SECTION III: Base Salary Calculation

The "base year" refers to the final year of the expiring or expired agreement.

N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "Base salary" means the salary provided pursuant to a salary guide or table and any amount provided pursuant to a salary increment, including any amount for longevity or length of service. It shall also include any other item agreed to by the parties, or any other item that was included in the base salary as understood by the parties in the prior contract. Base salary shall not include non-salary economic issues, pension and health and medical insurance costs."

10 Salary Costs in base year \$ 2997306
11 Longevity Costs in base year \$ 95956
12 Other base year salary costs
Education credits \$ 53800
EMT stipends \$ 13500
Clothing allowance \$ 34850
 \$
Sum of "Other" Costs Listed in Line 12. \$ 102150
13 Total Base Salary Cost: (sum of lines 10, 11, 12): \$ 3195412

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

14 Total Base Salary Cost from Line 13: \$ 3195412

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>01/01/2021</u>	<u>01/01/2022</u>	<u>01/01/2023</u>	<u>01/01/2024</u>	<u>01/01/2025</u>	<u></u>
16 Cost of Salary Increments (\$)	<u>7727</u>	<u>185730</u>	<u>131700</u>	<u>149011</u>	<u>148062</u>	<u></u>
17 Salary Increase Above Increments (\$)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
18 Longevity Increase (\$)	<u>-3811</u>	<u>8866</u>	<u>11508</u>	<u>11586</u>	<u>3733</u>	<u></u>
19 Total Increased Cost for "Other" Items (\$)	<u>-4580</u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
20 Total Increase (\$) (sum of lines 16-19)	<u>-664</u>	<u>194596</u>	<u>143248</u>	<u>160597</u>	<u>151795</u>	<u></u>

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 649571 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 20 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 4 % [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
	Medical Buyout	71286	75000					
25	Totals (\$):							

SECTION VII: Medical Costs

Insurance Costs		Base Year	Year 1
26	Health Plan Cost	\$ 361104	\$ 363252
27	Prescription Plan Cost	\$ 114283	\$ 117752
28	Dental Plan Cost	\$ 21300	\$ 21816
29	Vision Plan Cost	\$ 5650	\$ 5660
30	Total Cost of Insurance	\$ 502337	\$ 508480

Employer: City of Brigantine

Employee Organization: PBA Local #204


SECTION VII: Medical Costs (continued)

31 Employee Insurance Contributions \$ 145353 \$ 150900
32 Contributions as % of Total Insurance Cost 29 % 30 %

33 Identify any insurance changes that were included in this CNA.
No changes except cost of premium and contributions based upon the state contribution guide from Chapter 78.

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name: James Bennett
Position/Title: City Manager
Signature: 
Date: 04/07/2021

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