

**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: Township of Middle County: Cape May

2 Employee Organization: Amalgamated Local 2327-UAW Number of Employees in Unit: 9

3 Base Year Contract Term: 01/01/2014-12/31/2015 New Contract Term: 01/01/2016-12/31/2018

**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 \$ 322870

10 Longevity Costs in Base Year \$

11 Total Salary Base \$ 322870

**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>01/01/2016</u>	<u>01/01/2017</u>	<u>01/01/2018</u>	<u></u>	<u></u>
13 Cost of Salary Increments (\$)	<u>6458</u>	<u>9286</u>	<u>6771</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></u>	<u></u>	<u></u>	<u></u>	<u></u>
17 New Salary Base (\$)	<u>329328</u>	<u>388614</u>	<u>395385</u>	<u></u>	<u></u>
18 Percentage increase over prior year	<u>2</u> %	<u>3</u> %	<u>2</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 (\$)
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	\$ 151522	\$ 156433
22 Prescription Plan Cost	\$	\$
23 Dental Plan Cost	\$	\$
24 Vision Plan Cost	\$	\$
25 Total Cost of Insurance	\$ 151522	\$ 156433
26 Employee Insurance Contributions	\$ 11211	\$ 12863
27 Employee Contributions as % of Total Insurance Cost	7 %	8 %

**Section VI: Medical Costs (continued)**

**28** Identify any insurance changes that were included in this CNA.

**SECTION VII: Certification and Signature**

**29** The undersigned certifies that the foregoing figures are true:

Print Name: Kimberly Enteado  
Position/Title: Finance/Payroll  
Signature: Kimberly A. Enteado  
Date: 09/27/2016

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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)

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NJ Public Employment Relations Commission  
Conciliation and Arbitration  
PO Box 429  
Trenton, NJ 08625  
Phone: 609-292-9898

Revised 8/2016

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Township of Middle County: Cape May  
 Employee Organization: Amalgamated Local No.2327-UAW Employees in Unit: 9  
 Base Year Contract Term: 1/1/2014 12/31/2015 New Contract Term 1/1/2016 12/31/2018  
 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>	\$322,870	\$329,328
Item 2 ..... <u>Increment</u>		
Item 3 ..... <u>Longevity</u>		
Item 4 ..... _____		
Item 5 ..... _____		
Item 6 ..... _____		
Item 7 ..... _____		
Item 8 ..... _____		
Item 9 ..... _____		
Item 10 ..... _____		
Item 11 ..... _____		
Item 12 ..... _____		
Any additional items list on separate sheet Additional Items		
<b>Section III: Totals - Sum of costs in each column</b>	<u>\$322,870</u> (Total)	<u>\$329,328</u> (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$322,870

Effective Date (m/d/yyyy)	1/1/2016	1/1/2017	1/1/2018
Percent Increase .....	2%	3%	2%
Total cost of increase ..	\$6,458	\$9,286	\$6,771
Total base salary (successor agreement) .....			

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

Percentage Impact (average per year over term of agreement) 2.33  
 Dollar Impact (average per year over term of agreement) \$7,500.00

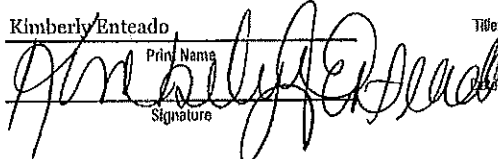
**Section VI**

*Health Insurance (Indicate costs associated on each line)*

	Base Year	Year 1
Cost of Health Plan .....	\$151,522	\$166,433
Employee Contributions .....	\$11,211	\$12,663
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: Kimberly Enteado Title: Finance  
 Print Name: \_\_\_\_\_  
 Signature:  Date: 7/8/16