# 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: Florence Township	County: Burlington
2	Employee Organization: FOP Lodge 210, Command	Number of Employees in Unit: 3
3	Base Year Contract Term: 1/1/21 to 12/31/24	
4	New Contract Term: 1/1/25 to 12/31/28	
	SECTION II: Type of Contract Settlement (please	a check only one)
5	Contract settled without neutral assistance	e check only one;
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 Arbit	rator issue an Award? Yes No No
	SECTION III: Base Salary Calculation	
	The "base year" refers to the final year of the expiring or ex	xpired agreement.
	or table and any amount provided pursuant to a salary incr It shall also include any other item agreed to by the parties	se salary' means the salary provided pursuant to a salary guide rement, including any amount for longevity or length of service. , or any other item that was included in the base salary as y shall not include non-salary economic issues, pension and
10	Salary Costs in base year	ş <mark> 288742</mark>
11	Longevity Costs in base year	<b>\$</b> 0
12	Other base year salary costs	
	\$	
	Ś	
	ş	
	, ,	1
	<u> </u>	
	Sum of "Other" Costs Listed in Line 12.	\$ <u>I</u>
12	Total Base Salary Cost: (sum of lines 10, 11, 12):	288742

21	Dollar Increase Over Life of Contract	\$ 168632	[Take sum of all amounts listed on Line 20 above]
22	Percentage Increase Over Life of Contrac	t .238 %	[Divide amount on Line 21 by amount on Line 14]
23	Average Percentage Increase Per Year	.060	[Divide percentage on Line 22 by number of years of
			the contract]

## **SECTION VI: Other Economic Items Outside Base Salary and Increases**

#### ←Increases→

		←increases→						
24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Uniform Allowance	2600	0	0	0	0		
	EMT	1000	0	0	0	0		
	Ed Incentive	600	0	0	0	0		Y
	Wellness Incentive	1200	0	0	0	0		,
		,						
25	Totals (\$):	5400	0	0	0	0		

## **SECTION VII: Medical Costs**

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	<b>\$</b> 80143	\$ 126784
27	Prescription Plan Cost	\$	\$
28	Dental Plan Cost	<b>\$</b> 3688	\$ <sup>3688</sup>
29	Vision Plan Cost	\$	\$
30	Total Cost of Insurance	\$ 83831	\$ 130472

Employ	yer: Florence Township	Employee Organization: FOP Lodge 210, Command Page 4
	ON VII: Medical Costs (continued)	
31	Employee Insurance Contributions	\$ 20778 \$ 33284
32	Contributions as % of Total Insurance Cost	.248 % .255 %
<b>33</b> No Cl	Identify any insurance changes that wer	e included in this CNA.
	SECTION VIII: Certification and Signat	ure
34	The undersigned certifies that the fore	going figures are true:
	Print Name: Thomas Sahol	
	Position/Title: Administrator	
	Signature:	
	Date: January 8, 2025	
	Date.	
		along with an electronic copy of the contract and the signed
	certification form to: contracts@perc	<u>.state.nj.us</u>
	NJ Public Employment Relations Comm	nission
	Conciliation and Arbitration	
	PO Box 429	
	Trenton NI 08625	

Page 4 of 4 (complete all pages)

**Revised 8/2016** 

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