## 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 $1/1/2016$ thru $6/30/2020$

Employer: Township of Delanco

County: Burlington

Date: 6/26/2017

Name: Richard B. Schwab

Print Name

Title: Township Administrator

Richard B. Schwab Digitally algred by Richard B. Schwab Date: 2017.06.28 14:08:17-04/00 Signature

## New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

## **COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line #	Ŧ						
	SECTION I: Parties	and Term of Contr	acts				
1	Public Employer: Tov	wnship of Delanco		County: Burlington		and commenced by the property of	
2	Employee Organizatio	on: CWA Local 103	36	Number of Employees in Unit: 4			
3	Base Year Contract Te	4/4/4 4 40/0	1/15	New Contract Term:	1/1/16 - 6/30/20		
ec.	SECTION II: Type of				AND THE PERSON NAMED IN COLUMN	Commence of the Commence of th	
4		tled without neutral		omy one;			
-							
5	Contract sett	led with assistance o	of mediator				
6	Contract sett	led with assistance o	of fact-finder				
7	Contract sett	led with assistance o	of super-conciliator				
8	If contract was settled		·	a report with recomn	nendations?		
	Yes No			,			
	SECTION III: Salary	Base					
	The salary base is the			pired or expiring agre	ement. This is the b	pase cost from which	
	the parties negotiate	the salary increases.					
9	Salary Costs in Base Yo	ear	\$ 227,467	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
10	Longevity Costs in Base Year		\$ 6,727	and the second water was			
11	Total Salary Base		\$ 234,194	/			
	SECTION IV: Salary	Increases for Each	Year of New Agre	eement*	-		
		Year 1	Year 2	Year 3	Year 4	Year 5	
12	Effective Date (month/day/year)	1/1/16	7/1/17	7/1/18	7/1/19		
13	Cost of Salary	0	3,598	3,682	3,764		
14	Increments (\$) Salary Increase Above	-35,418	3,788	3,775	3,764		
15	Increments (\$) Longevity Increase (\$)						
	Total \$ Increase	-2,443	135	56	57	Appear of the Property of the Control of the Contro	
16	(sum of lines 13-15)	-37,861	7,521	7,513	7,747	activities and the second	
17	New Salary Base (\$)	196,333	203,854	211,367	219,114		
18	Percentage increase over prior year	-16.2 %	3.8 %	3.7 %	3.7 %	<u>%</u>	
	*If contract duration i	s longer than five ye	ars, please add an ad	dditional page.			

Empl	oyer: Delanco Towns	hip	Emplo	yee Organization	CWA 1036	(*************************************	Page 2
	SECTION V: Increa	ses in Other (				onomic Items*	
19	Item Description	Base Year Cost (\$)	<i>Year 1</i> Increase (\$)	<i>Year 2</i> Increase (\$)	<i>Year 3</i> Increase (\$)	<i>Year 4</i> Increase (\$)	<i>Year 5</i> Increase (\$)
	Uniform allowance	2,000	-400	0	0	0	
	Cell phone stipend	0	0	1,768	0	0	
20	Totals(\$):	2,000	-400	1,768	0	0	
	*If contract duration	is longer than j	five years, please a	dd an additional	page.		
	SECTION VI: Medic	cal Costs					
21	Health Plan Cost			82,349	9 <sub>\$</sub> 73,18		
22	Prescription Plan Cos	t		ş 22,203	\$ 18,96	0	
23	Dental Plan Cost			\$ 4,558	<b>\$</b> 3,840		

		Base Year	Year 1
21	Health Plan Cost	\$ 82,349	ş 73,184
22	Prescription Plan Cost	\$ 22,203	\$ 18,960
23	Dental Plan Cost	\$ 4,558	<b>\$</b> 3,840
24	Vision Plan Cost	\$ 2,250	<b>\$</b> 1,800
25	Total Cost of Insurance	\$ 111,360	ş 97,784
26	Employee Insurance Contributions	\$ 14,767	\$ 12,525
27	Employee Contributions as % of Total Insurance Cost	13.3	<sub>%</sub> 12.8

Page 2 of 3 (complete all pages)

Employ	er: Delanco Tov	wnship	Employee Organizat	ion: CWA 1036	Page 3
Section	n VI: Medical Co	osts (continued)			
28 Visio empl	n/eyeglass rei	imbursement incr	were included in this CNA. reased from \$250 maxis of \$800 to the contract	mum per employee to \$45 for the 4 covered employ	50 maximum per ees.
29		Certification and Signed certifies that the f	foregoing figures are true:		
	Position/Title: Signature:	Township Adminis		Account to 1	
	Date:	6/26/17			
		pleted and signed fo		ic copy of the contract and the	e signed certification

NJ Public Employment Relations Commission

**Conciliation and Arbitration** 

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

**Revised 8/2016**