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 1/1/2019 thru 12/31/2022.

Employer:	Borough of Franklin Lakes				
County:	Bergen				
Date:	10/24/2019				
Name:	Gregory C. Hart				
	Print Name				
Title:	Borough Administrator				
	ATTO NOW				
	Signature				

New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line	#							
	SECTION I: Parties							
1	Public Employer: Bo	Public Employer: Borough of Franklin Lakes			County: Bergen			
2	Employee Organization: AFSCME Local 2274B			Number of Employees in Unit: 34				
3	Base Year Contract Te	2015 - 2018	2	New Contract Term: 2019 - 2022				
h-113 - 121-	SECTION II: Type of	f Contract Settlem	ent (please check	only one)				
4	Contract set	Contract settled without neutral assistance						
5	Contract sett	Contract settled with assistance of mediator						
6	Contract sett	Contract settled with assistance of fact-finder						
7	Contract sett	led with assistance o	of super-conciliator					
8	If contract was settled	d in fact-finding, did	the fact-finder issue	a report with recomn	nendations?			
	Yes No							
	SECTION III: Salary	Base						
	The salary base is the the parties negotiate			pired or expiring agre	eement. This is the k	oase cost from which		
9	Salary Costs in Base Yo	ear	\$ <mark>1,188,842</mark>					
10	Longevity Costs in Base Year		\$ <mark>44,343</mark>	\$ 44,343				
11	Total Salary Base		\$ <mark>1,233,186</mark>	1				
	SECTION IV: Salary	Increases for Each	Year of New Agre	eement*				
12	Effective Date	1/1/2019	Year 2 1/1/2020	Year 3 1/1/2021	Year 4 1/1/2022	Year 5		
13	(month/day/year) Cost of Salary Increments (\$)	23,777	25,414	26,685	27,916			
14	Salary Increase Above Increments (\$)	58,254	37,073	33,742	34,737			
15	Longevity Increase (\$)	(197)	1,091	1,118	1,146			
16	Total \$ Increase (sum of lines 13-15)	81,833	63,577	61,546	63,799			
17	New Salary Base (\$)	1,314,822	1,379,490	1,442,154	1,507,100			
18	Percentage increase over prior year	6.62 %	4.92 %	4.54 %	4.50 %	%		
	*If contract duration	is lonaer than five ve	ears, please add an ac	dditional paae.				

Emplo	_{oyer:} Borough of Fr	anklin Lakes	Employ	ee Organization:	AFSCME Lo	cal 2274B	Page 2
	SECTION V: Increa	ses in Other Co	ntractual Econo	omic Items or N	ewly Added Eco	nomic Items*	
19	Pesticide License Stipend	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	A						
20	Totals(\$): *If contract duration	is longer than fiv	e years, please ad	dd an additional p	page.		
	SECTION VI: Medic	cal Costs			and the second s		
21	Health Plan Cost			Base Year \$ 278,00		ermined	
22	Prescription Plan Cos	t		\$ <mark>84,672</mark>			
23	Dental Plan Cost			\$ 19,228	<u>\$</u>		
24	Vision Plan Cost			\$ <u>0</u>	, ş		

25

26

27

Total Cost of Insurance

Employee Insurance Contributions

Employee Contributions as % of Total Insurance Cost

s 381,908

73,787

19.32

Employe	Borough of	f Franklin Lakes	Employee Organization:	AFSCME Local 2274B	Page 3		
Section	VI: Medical Co	osts (continued)			-		
28 None	Identify any insurance changes that were included in this CNA.						
					A 31 - 19 - 19		
	SECTION VII: C	Certification and Signature					
29	The undersigne	ed certifies that the foregoi	ng figures are true:				
	Print Name:	Gregory C. Hart		<u> </u>			
	Position/Title:	Borough Administrate	or A				
	Signature:	C. CE					
	Date:	N 10/24/19					
	Send this comp	pleted and signed form alo	ong with an electronic co	opy of the contract and the signed cert	tification		
	form to: contr	acts@perc.state.nj.us					
	NJ Public Empl	oyment Relations Commiss	sion				
	Conciliation an						
	PO Box 429						

10 000 423

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016