Certification

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 pargaining agreement for the term beginning $\frac{1}{1/2021}$ thru $\frac{12}{31/2025}$.				
	Employer:	City of Northfield		
	County:	Atlantic		
	Date:	9/30/2022		
	Name:	Dawn M Stollenwerk Print Name		
	Title:	Chief Financial Officer		

Signature

SUMMARY FORM COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & FIRE

Public Employer: City of Northfield			Employee Organization _	GWU Local 420- I	Blue Collar Employees		
Base Year Contract Term: 1/1/2018 12/31/2020		12/31/2020	New Contract Term	1/1/2021	12/31/2024		
Synopsis of Settlemer Award/Recommendat	ameniaaa al		s in steps for laborers. ement health benefits		market adjustments for existing		
	BASE YEAR (previous agreement)	The state of the s	EW BASE YEAR cessor agreement)				
Salary: Increment:	\$343,565.12	\$425,187.1	2	_			
% Increase:	2.00%	3.00%		- -			
Avg. Yield per person in dollars: Uniforms:	\$600.00	\$1505.00 \$600.00		_			
Boot/Shoe:	\$0.00	\$0.00		_			
Longevity: Holiday Pay:	0 \$0.00	\$0.00		_			
Shift Differential	\$0.00	\$0.00		-			
Overtime:				- -			
Stipends:	\$0.00	\$3,000.00		_			
Bonuses: Education:	\$0.00 \$0.00	\$0.00		_			
		\$0.00		_			
Other*:	\$0.00	\$0.00		_			
* Additional Costs: (p.	lease list on separate sh	eet & include in total					
Madiaal							
Medical:							
Contributions:	\$2,548.03 annual avg per employe	\$2,517.00	annual avg per employee	_			
Cost of Health	\$17,214.36 annual avg per employ		annual avg per employee	_			
Prescription	\$4,482.48 annual avg per employe		annual avg per employee	_			
Dental: Vision:	\$799.92 annual avg per employee \$107.64 annual avg per employee		nnual avg per employee	-			
VIOIOII.				_			
	NEW AGREEMENT ANALYSIS						
Effective Date	<u>Y</u>	ear	<u>Year</u>	<u>Year</u>	<u>Year</u>		
% Increase	3.00%	3.009	6	3.00%	3.00%		
Avg. Yield (p/p*)	1505.00	1549		1596.00	1644.00		
Cost of Increase/:	27296.46	1504	7.00	15273.04	15608.00		
Impact of Settlemen Percentage Impact: Actual dollar Impact:	6.86% \$27,296.46	3.54% \$15,0	6	3.47% \$15,913.76	3.43% \$15,608.00		
TOTAL BASE SALA AT END OF EACH Y		\$440	.234.74	\$455,507.78	\$471,116.01		
The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.							
Prepared by:	Dawn M St	ollenwerk		Title: CFO			
opurou by.	Print Name			11UC			
				Date: 9/30/20	22		
	Signature			Date: 3/30/20			

SUMMARY FORM COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & FIRE

Public Employer: City of Northfield		Employee Organization	nGWU Local - Supervisory Employees		
Base Year Contract Term: 1/1/2018 12/31/2020		12/31/2020	New Contract Term	1/1/2021	12/31/2025
Synopsis of Settlemer Award/Recommendat	3.5% salary in	ncrease. One-time sa nt health benefits for		ts for existing e	employees, elimination of
	BASE YEAR (previous agreement)		EW BASE YEAR cessor agreement)		
Salary: Increment:	\$116,819.00	\$139,520.	00	_	
% Increase:	2.00%	14.70%		-	
Avg. Yield	_ N. C.		£	_	
per person in dollars:		5755.0			
Uniforms:	\$0.00	\$0.00		_	
Boot/Shoe:	\$0.00	\$0.00		_	
Longevity:	0	\$0.00		_	
Holiday Pay:	\$0.00	\$0.00		<u> </u>	
Shift Differential	\$0.00	\$0.00		_	
Overtime:	\$0.00			_	
Stipends: Bonuses:	\$0.00			- -	
Education:	\$0.00	\$0.00		_	
EMT:	\$0.00	\$0.00		_	
Other*:	\$0.00	\$0.00		_	
* Additional Costs: (p.	lease list on separate s	heet & include in total			
Medical:					
		5 K F O N O			
Contributions:	\$2,548.03 annual avg per employ		annual avg per employee	_	
Cost of Health	\$17,214.36 annual avg per emplo \$4,482.48 annual avg per emplo		5 annual avg per employee 2 annual avg per employee	_	
Prescription Dental:	\$799.92 annual avg per employe		annual avg per employee	_	
Vision:	\$107.64 annual avg per employe	200 mm	nnual avg per employee	_	
				_	
		<u>NE</u>	W AGREEMENT ANAL)	<u>(SIS</u>	
Effective Date		<u>Year</u>	<u>Year</u>	<u>Year</u>	<u>Year</u>
% Increase	14.70%	3.50	%	3.50%	3.50%
Avg. Yield (p/p*)	5755.0		9.00	1624.00	1681
Cost of Increase/:	25500.0	480	0.0	4871.00	5042
Impact of Settlemen	4-				
Percentage Impact:	14.70%	3.50	1%	3.50%	3.50%
Actual dollar Impact:	\$25,500.00	\$4,7	r60.00	\$4,926.60	\$5,099.03
A COMMUNICATION AND AND STATE A MANAGEMENT				v-	
TOTAL BASE SALA					
AT END OF EACH Y	EAR \$139,520.00	\$14	4,403.20	\$149,457.00	\$154,688.00
The undersigned ce	rtifies that the foregoi	ing figures are true and i	s aware that if any of the	foregoing items a	re false, s/he is subject to punishment.
Prepared by:	Dawn M S	Stollenwerk		Title: CFO	
	Print Name/	M		1 IIIO	
	1	TY.		0/00/0	200
	_()			Date: 9/30/2	:022
	Signature				

SUMMARY FORM COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & FIRE

Public Employer: Cit	y of Northfield		Employee Organization	GWU Local - St	upervisory Employees
Base Year Contract Term: 1/1/2018 12/31/2020		12/31/2020	New Contract Term	1/1/2021	12/31/2025
Synopsis of Settleme Award/Recommendat	a.5% salary in	crease. One-time sant health benefits for		its for existing e	employees, elimination of
	BASE YEAR (previous agreement)		EW BASE YEAR cessor agreement)		
Salary: Increment:	\$116,819.00	\$136,000.	00	_	
% Increase:	2.00%	3.50%		_	
Avg. Yield				_	
per person in dollars:		9590.00		_	
Uniforms: Boot/Shoe:	\$0.00 \$0.00	\$0.00		_	
Longevity:	0	\$0.00		_	
Holiday Pay:	\$0.00	\$0.00		_	
Shift Differential	\$0.00	\$0.00		_	
Overtime:					
Stipends:	\$0.00			_	
Bonuses: Education:	\$0.00 \$0.00	\$0.00		_	
EMT:	\$0.00	\$0.00		_	
Other*:	\$0.00	\$0.00			
* Additional Costs: (p.	lease list on separate sh	eet & include in total		_	
Medical:					
Contributions:	\$2,548.03 annual avg per employe	PR \$2.517.00	annual aux nos amalausa		
Cost of Health	\$17,214.36 annual avg per employ		annual avg per employee 5 annual avg per employee	_	
Prescription	\$4,482.48 annual avg per employe		annual avg per employee	_	
Dental: \$799.92 annual avg per employee		\$865.68 a	nnual avg per employee	_	
Vision:	\$107.64 annual avg per employee	\$100.80 a	nnual avg per employee	_	
		<u>NE</u>	W AGREEMENT ANAL)	<u>(SIS</u>	
Effective Date	<u>Y</u>	<u>ear</u>	<u>Year</u>	<u>Year</u>	<u>Year</u>
% Increase	16.42%	3.50	%	3.50%	3.50%
Avg. Yield (p/p*)	9590.00	2380	0.0	2463.30	2550.00
Cost of Increase/:	19180.31	4760	0.00	4926.60	5099.03
Impact of Settlemen Percentage Impact:	t :	3.50	%	3.50%	3.50%
Actual dollar Impact:	\$19,180.31	\$4,7	60.00	\$4,926.60	\$5,099.03
TOTAL BASE SALA AT END OF EACH Y		\$140	0,760.00	\$145,686.60	\$150,785.63
The undersigned ce	rtifies that the foregoir	ng figures are true and is	s aware that if any of the	foregoing items a	re false, s/he is subject to punishment.
	Dawn M S	tollonwork		CEO	
Prepared by:		Tollellwerk		Title: CFO	
	Print Name	1			
				Date: 9/30/2	2022
	Signature	10			