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 $\frac{1}{12023}$ thru $\frac{12}{312025}$.

| Employer: | Borough of Franklin Lakes |
|-----------|---------------------------|
| County: | Bergen |
| Date: | 10/26/2023 |
| Name: | Gregory C. Hart |
| | Print Name |
| Title: | Borough Administrator |
| | And (t) |
| | Signature |
| | V V |

Collective Bargaining Agreement Certification 2012.04.02.wpd

New Jersey Public Employment Relations Commission **NON-POLICE AND FIRE COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

| Li | in | e | # |
|----|----|---|---|
| | | | |

| Line | # | | | | | |
|------|--|-------------------------|---------------------------|------------------------------|-------------------|------------------------|
| | SECTION I: Parties | and Term of Conti | racts | | | |
| 1 | Public Employer: Bo | rough of Franklin | Lakes | County: Bergen | | |
| 2 | Employee Organizatio | on: AFSCME Loc | al 2274B | Number of Employee | s in Unit: 37 | |
| 3 | Base Year Contract Te | erm: 2022 | | New Contract Term: 2023-2025 | | |
| | SECTION II: Type o | f Contract Settlem | ent (please check | only one) | | |
| 4 | Contract set | tled without neutral | assistance | | | |
| 5 | Contract set | tled with assistance of | of mediator | | | |
| 6 | Contract set | tled with assistance (| of fact-finder | | | |
| 7 | | led with assistance o | af cupor consiliator | | | |
| 8 | If contract was settled | | | a report with recomm | nendations? | |
| D | | | the lact-inder issue | a seport with recomm | nenuations: | |
| | Yes No L | | | | | |
| | SECTION III: Salary | | | | | |
| | The salary base is the the parties negotiate | | • | pired or expiring agre | ement. This is th | e base cost from which |
| 9 | Salary Costs in Base Y | eat | \$ <mark>1,356,753</mark> | | | |
| 10 | Longevity Costs in Ba | se Year | <mark>\$</mark> 21,564 | | | |
| 11 | Total Salary Base | | <mark>\$</mark> 1,378,317 | | | |
| | 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) | 1/1/2023 | 1/1/2024 | 1/1/2025 | | |
| 13 | Cost of Salary Increments (\$) | \$33,052 | \$36,071 | \$25,572 | | |
| 14 | Salary Increase Above Increments (\$) | \$67,838 | \$70,772 | \$72,669 | | |
| 15 | Longevity Increase (\$) | \$1,078 | \$1,121 | \$1,155 | | |
| 16 | Total \$ increase (sum of lines 13-15) | \$101,968 | \$107,744 | \$99,396 | | |
| 17 | New Salary Base (\$) | \$1,480,323 | \$1,588,067 | \$1,687,463 | | |
| 18 | Percentage increase over prior year | 7.40 % | 7.28 % | 6.26 % | | % |
| | *If contract duration | is longer than five ye | ars, please add an ai | dditional 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(\$): | <u></u> | | ; | | | <u>,</u> |

*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 | \$ | \$ |
| 22 | Prescription Plan Cost | \$ | \$ |
| 23 | Dental Plan Cost | \$ | \$ |
| 24 | Vision Plan Cost | \$ | \$ |
| 25 | Total Cost of Insurance | \$ 412,752 | \$ |
| 26 | Employee Insurance Contributions | \$ 78,890 | \$ |
| 27 | Employee Contributions as % of Total Insurance Cost | 19.36 | % |
| | | | |

Page 2 of 3 (complete all pages)

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: | Gregory C. Hart |
|-----------------|-----------------------|
| Position/Title: | Borough Administrator |
| Signature: | A A. |
| Date: | 10/30/2023 |

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.ni.us

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

Revised 8/2016