

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 7/1/2018 thru 6/30/2021.

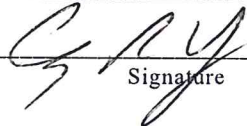
Employer: Folsom Board of Education

County: Atlantic

Date: 7/31/2018

Name: Christopher R. Veneziani
Print Name

Title: Business Administrator


Signature

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

Line #

SECTION I: Parties and Term of Contracts

1 Public Employer: Folsom Board of Education County: Atlantic
 2 Employee Organization: Folsom Education Association Number of Employees in Unit: 46
 3 Base Year Contract Term: 7/1/2017 - 6/30/2018 New Contract Term: 7/1/2018 - 6/30/2021

SECTION II: Type of Contract Settlement (please check only one)

4 Contract settled without neutral assistance
 5 Contract settled with assistance of mediator
 6 Contract settled with assistance of fact-finder
 7 Contract settled with assistance of super-conciliator
 8 If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?
 Yes No

SECTION III: Salary Base

The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

9 Salary Costs in Base Year \$ 2694622
 10 Longevity Costs in Base Year \$ 6000
 11 Total Salary Base \$ 2700622

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)	<u>07/01/2018</u>	<u>07/01/2019</u>	<u>07/01/2020</u>		
13 Cost of Salary Increments (\$)	<u>62616</u>	<u>52191</u>	<u>53741</u>		
14 Salary Increase Above Increments (\$)	<u>29406</u>	<u>31413</u>	<u>40774</u>		
15 Longevity Increase (\$)	<u>2500</u>	<u>250</u>	<u>6250</u>		
16 Total \$ Increase (sum of lines 13-15)	<u>94522</u>	<u>83854</u>	<u>100765</u>		
17 New Salary Base (\$)	<u>2795144</u>	<u>2878998</u>	<u>2979763</u>		
18 Percentage increase over prior year	<u>3.5</u> %	<u>3</u> %	<u>3.5</u> %		

*If contract duration is longer than five years, please add an additional 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 (\$)
	Schedule B Stipends	25904	4090	0	0		
	Graduate Courses	13000	5000	0	0		
	Dental Insurance	29900	4600	0	0		
	Vision Insurance	29900	4600	0	0		
20	Totals(\$):						

**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	\$ 1238604	\$ 1238604
22	Prescription Plan Cost	\$ included in Health	\$ included in Health
23	Dental Plan Cost	\$ 29900	\$ 34500
24	Vision Plan Cost	\$ 29900	\$ 34500
25	Total Cost of Insurance	\$ 1298404	\$ 1307604
26	Employee Insurance Contributions	\$ 223000	\$ 235000
27	Employee Contributions as % of Total Insurance Cost	18 %	19 %

Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA.
Additional \$200 per employee per year Board contribution towards the employee's dental and vision insurance.

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:	<input type="text" value="Christopher Veneziani"/>
Position/Title:	<input type="text" value="Business Administrator"/>
Signature:	<input type="text" value="C. R. V."/>
Date:	<input type="text" value="8/14/18"/>

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

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

Revised 8/2016