

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 7/1/2020 thru 6/30/2023.

Employer: Cape May County Special Services School District

County: Cape May

Date: 10/17/2024

Name: Kathleen M. Allen
Print Name

Title: Business Administrator

Signature