New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line	#							
		and Term of Cont						
1	Public Employer: Bloomingdale BOE		E	County: Passaic				
2	Employee Organizati	Organization: Bloomingdale Education Assoc.		Number of Employees in Unit:				
3	Base Year Contract T	Base Year Contract Term: 21/22		New Contract Term: 23-25				
	SECTION II: Type o	of Contract Settlem	ent (please check	only one)				
4	Contract se	Contract settled without neutral assistance						
5	Contract set	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 No							
	SECTION III: Salary Base							
	The salary base is the		-	pired or expiring agr	eement. This is the	base cost from which		
	the parties negotiate	the salary increases.						
9	Salary Costs in Base Y	Salary Costs in Base Year \$\begin{array}{ c c c c c c c c c c c c c c c c c c c						
10	Longevity Costs in Base Year \$ 0		\$ 0					
11	Total Salary Base		5,485,421	***************************************				
	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)	7/1/2023	7/1/2024	7/1/2025				
13	Cost of Salary Increments (\$)	178,119	184,134	190,139				
14	Salary Increase Above	0	0	0				
15	Increments (\$) Longevity Increase (\$)	О	0	0				
16	Total \$ Increase	178,119	184,134	190,139		\$ \$ 1 \cdot \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
17	(sum of lines 13-15) New Salary Base (\$)	5,663,540	5,847,674	6,037,813		 State A Colorida in Colorida in a construction of the state of the sta		
18	Percentage increase over prior year	3.25 %	3.25 %	3.25 %	<u></u> %	%		
	*If contract duration is longer than five years, please add an additional page.							

Page 2

Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
			Signatur ang			
Totals(\$):						
		Cost (\$)	Cost (\$) increase (\$) Totals(\$):	Cost (\$) increase (\$) Totals(\$):	Cost (\$) Increase (\$) Increase (\$) Totals(\$):	Cost (\$) Increase (\$) Increase (\$) Increase (\$)

^{*}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	ş 1163082	\$1298311
22	Prescription Plan Cost	ş 200224	\$215068
23	Dental Plan Cost	_{\$} 83653	\$83653
24	Vision Plan Cost	_{\$} 6200	\$ <mark>6200</mark>
25	Total Cost of Insurance	\$ 1453159	\$ 1603232
26	Employee Insurance Contributions	ş 320970	\$299576
27	Employee Contributions as % of Total Insurance Cost	22	_% 18.75

Page 2 of 3 (complete all pages)

Employer: Bloomingdale BOE			Employee Organization:	Bloomingdale Education Assoc.	Page 3
Sectio	n VI: Medical Co	osts (continued)			
28 None		nsurance changes that were in	ncluded in this CNA.		
	SECTION VII: C	Certification and Signature			
!9	The undersigne	ed certifies that the foregoi	ng figures are true:		
		Michael Nicosia			
	Print Name:				
	Position/Title:	Superintendent			
	Signature:		Nakata Satu Nata Satu Satu Satu Satu Satu Satu Satu S		
	Date:	10.1.24			
	Cand this same				
		oleted and signed form aloi acts@perc.state.nj.us	ng with an electronic cop	by of the contract and the signed ce	rtification
	NJ Public Emplo	oyment Relations Commissi d Arbitration	on		
	PO Box 429	A VI NICI BLIOII			
	Trenton NI 086	525			

Revised 8/2016

Phone: 609-292-9898