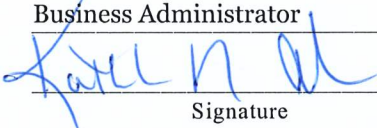


Certification

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 7/1/2023 thru 6/30/2026.

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