

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

NOV 21 2017

Line #

**SECTION I: Parties and Term of Contracts**

1 Public Employer: Gloucester County Improvement Auth. County: Gloucester  
 2 Employee Organization: UFCW Local 1360 Number of Employees in Unit: 53  
 3 Base Year Contract Term: 1-1-2013 to 12-13-2017 New Contract Term: Negotiations Beginning 1-1-18

**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 \$ 1,190,203 -  
 10 Longevity Costs in Base Year \$ 113,26 -  
 11 Total Salary Base \$ 1,201,529

**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)					
13 Cost of Salary Increments (\$)					
14 Salary Increase Above Increments (\$)					
15 Longevity Increase (\$)					
16 Total \$ Increase (sum of lines 13-15)					
17 New Salary Base (\$)					
18 Percentage increase over prior year					

\*If contract duration is longer than five years, please add an additional page.



Employer: Glou. Cnty Imp-Auth.

Employee Organization: Child Daycare  
UFCW Local 1360

**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(\$):						

\*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	\$ <u>440,890</u>	\$ <u>          </u>
22	Prescription Plan Cost	\$ <u>N/A</u>	\$ <u>          </u>
23	Dental Plan Cost	\$ <u>12,974</u>	\$ <u>          </u>
24	Vision Plan Cost	\$ <u>2,146</u>	\$ <u>          </u>
25	Total Cost of Insurance	\$ <u>456,010</u>	\$ <u>          </u>
26	Employee Insurance Contributions	\$ <u>31,290</u>	\$ <u>          </u>
27	Employee Contributions as % of Total Insurance Cost	<u>7</u> %	<u>          </u> %

*In Accordance with Sect. 39 of P.L. 2011 C. 7,*



Employer: Glouc. Cnty Imp Auth.

Employee Organization: Child Daycare  
UFCW Local 1360

Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA.

N/A

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name: George Strachan  
Position/Title: Executive Director  
Signature: George D. Strachan  
Date: 11/2/17

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](mailto: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

**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 1-1-2013 thru 10-31-2017

Employer: Gloucester County Imp Authority  
County: Gloucester  
Date: 11-2-17  
Name: George D. Strachan  
Print Name  
Title: Executive Director  
George D. Strachan  
Signature