

SUMMARY FORM

**COLLECTIVE BARGAINING AGREEMENT
PUBLIC SECTOR / NON-POLICE & NON-FIRE**

Section I: Agreement Details

Public Employer: Gloucester County Improvement Authority County: Gloucester
 Employee Organization: HSW - DREAM PARK Employees in Unit: 16
 Base Year Contract Term: 1-1-11 12-31-19 New Contract Term: _____
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

	Column A Base Year - Total Costs <small>(Last Year of Previous agreement)</small>	Column B New Base Year - Total Costs <small>(First Year of Successor agreement)</small>
Section II: Economic		
Item 1 Salary	<u>1195025.42</u>	<u>505128.00</u>
Item 2 Increment		<u>0</u>
Item 3 Longevity		<u>0</u>
Item 4		
Item 5		
Item 6		
Item 7		
Item 8		
Item 9		
Item 10		
Item 11		
Item 12		
Any additional items list on separate sheet Additional Items		
Section III: Totals - sum of costs in each column	(Total)	(Total) <u>505128.00</u>

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year previous agreement: 0 (Inaugural CBA)

Effective Date (m/d/yyyy)	1-1-11	1-1-12	1-1-13
Percent Increase	<u>2%</u>	<u>2%</u>	<u>2%</u>
Total cost of increase	<u>10102.56</u>	<u>10304.61</u>	<u>10510.70</u>
Total base salary (successor agreement)	<u>505128.00</u>	<u>515432.61</u>	<u>525943.31</u>

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 2%
 Dollar Impact (average per year over term of agreement) 10305

Section VI

Health Insurance Benefits costs associated on each Plan

	Base Year	Year 1
Cost of Health Plan	<u>113345</u>	<u>116178</u>
Employee Contributions		<u>3949.20</u>
Prescription		
Dental		
Vision		

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing figures are false, s/he is subject to punishment.