School Building Authority of West Virginia

ECONOMIES OF SCALE WAIVER REQUEST

**SBA FORM 207**

County \_\_\_\_\_\_\_\_\_\_ Facility Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

Classification of Facility \_\_\_\_\_\_\_\_\_ Current Grade Configuration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Enrollment \_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed Grade Configuration as per CEFP \_\_\_\_\_\_\_\_\_\_\_\_

1. Describe Proposed Construction/Renovation to occur at this facility. ~~Is~~ Are there emergency health or safety issues involved in this improvement? Elaborate fully.
2. Describe how the proposed project proposes to achieve economies of scale, including compatibility with similar schools that have achieved the most economical organization, facility use, and pupil-teacher ratios.
3. Will this facility be a receiving school for other future consolidation facilities as described in the County’s CEFP? If so, identify school(s) that are proposed to be closed, the number of students to be transferred to this facility, and the school year projected:

School(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrollment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Transferred \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

1. Describe specific geographical barriers or other conditions that would require this facility to remain in operation even though it does not meet Economies of Scale.
2. Is this the only school in the county that serves students at this grade level?

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

Has a Multi-county/Regional project been considered to improve the educational opportunities of students and the Economies of Scale? Provide supporting data describing this alternative.

If this facility were closed and consolidated with the nearest compatible school, what would the maximum travel time be, the name of the receiving school, and the number of students that would be required to travel on a school bus beyond the State Department of Education recommended travel times?

Receiving School(s) Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maximum travel time for students from closed school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of students that would be required to travel by a school bus that would exceed the State Department of Education recommended travel time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percentage of Students transported to school: \_\_\_\_\_\_%

**Additional supporting documentation may be attached, if necessary.**

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