60x30TX

Texas Higher Education Coordinating Board

FY 2017

Texas Educational Opportunity Grant (TEOG)

Student-by-Student

End-of-Year (EOY)

Reporting Manual

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TEOG End-of-Year (EOY)

Purpose

The purpose of the **TEOG End-of-Year (EOY) Report** is to collect student-by-student data concerning awards disbursed during the fiscal year. This report provides the state with a means of analyzing grant resources.

Calendar Dates

The dates for processing the report are as follows:

April 26, 2017	First possible date to submit the TEOG EOY Report.
July 6, 2017	Certification deadline for community colleges, public state colleges, and public technical institutions.

File Format

The file must be submitted in a **Tab-Delimited** text format.

File Certification Process

The TEOG EOY Report is finalized once the data submitted has been certified. The chart below illustrates the file certification process. Before a file can be certified, errors must be resolved, and program totals must reconcile.

Step 1: Upload the EOY file using MOVEit DMZ.
- Once the file is received, a receipt confirmation is sent automatically, and the file is processed for errors and warnings.
- If errors are found, an error report is generated and a notification email is sent automatically, move to **step 2.**
- If no errors are found, move to **step 4.**

Step 2: Download error report from MOVEit DMZ.
- Correct the file, and repeat **step 1.**
- If report totals do not reconcile, move to **step 3.**

Step 3: Reconcile report totals.
- Correct the file and repeat **steps 1 & 2.**
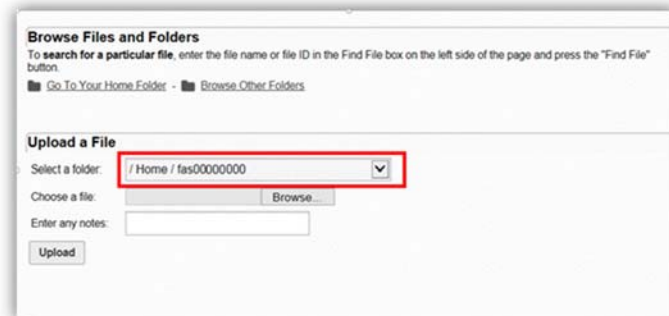- Once totals reconcile, move to **step 4.**

Step 4: Complete certification.
- Institution verifies certified totals and emails the completed certification statement to the THECB.

File Submission

TEOG EOY Report files must be submitted using the MOVEit DMZ portal. Files need to be uploaded into the **Home** folder. If an institution has any questions or issues logging into MOVEit DMZ, contact Financial Aid Services for assistance at (844) 792-2640 or by email at UserAccess@thecb.state.tx.us.

File Receipt Confirmation

A **File Receipt Confirmation** email is generated automatically after a TEOG EOY Report file is submitted. This confirmation indicates that the institution's transmission was received.

Error Report Notification

The submitted TEOG EOY Report file will go through an edit check process. If errors are found, an **Error Report Notification** email will be generated. This notification will indicate when an **Error Report** can be retrieved from the **TEOG Output** folder in MOVEit DMZ.
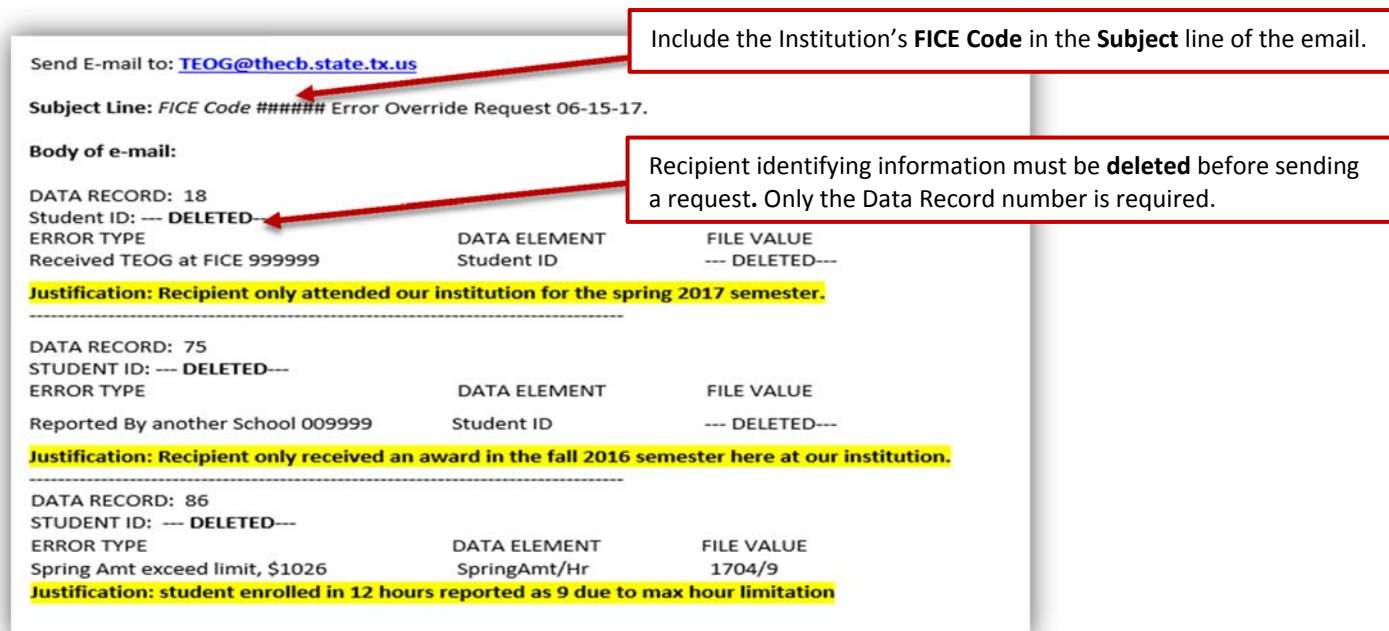

Error Report

The **Error Report** will list **Errors** and **Warnings**. Files with errors must be corrected and resubmitted. Each time a file is submitted, the previously processed report will be overwritten until the file is error-free. A file with only **Warnings** will be accepted (Reference Appendix A: Sample Error Report for additional clarification).

Override Request Process

Institutions may need to submit an override request on a case-by-case basis for certain errors (e.g. professional judgements). Override requests must be submitted via email and must reflect errors found on the institution's most recent **Error Report**.

For auditing purposes, all override requests must be submitted in the following format:

Reconciliation

TEOG EOY Report totals must match the total funds disbursed throughout the year. If a discrepancy is found, a reconciliation report will be generated (Reference Appendix B: Sample Reconciliation Report for additional clarification). In order to reconcile the totals, institutions have the following options:

- Correct the report and resubmit.
- Award unused funds in accordance with Chapter 22, Subchapter M, Rule §22.261.
- Submit a request to return unused funds via a Return of Funds Form.

Certification Statement

Institutions are not considered certified until a completed **Certification Statement** is received by the THECB.

TEOG STUDENT-BY-STUDENT DATA
CERTIFICATION

CONGRATULATIONS! Your End-of-year Report did not have any errors.

----------	Number of Students Awarded	Funds Awarded
Initial	614	$2269795
Renewal	612	$2191336
Grand Total	1226	$4461131
-Budgeted-	----	$4461131

CERTIFICATION STATEMENT

By replying to this e-mail, I hereby certify that the figures in the table accurately reflect the TEOG Program totals for academic year 2016-2017.

Fice Code: ######
Institution: College University

Certifying Official
   Name: **Financial Aid Director**
   Title: **Director of Financial Aid**
   Phone Number: ###-###-####
   Email: FinancialAidDirector@CollegeUniversity.edu

Please submit this completed form **ASAP** by e-mail to TEOG@thecb.state.tx.us. Institutions are not considered certified until all refunds are received and the signed certification statement is collected.

Common Errors and Resolutions

Prior Year SAP Not Met

Renewal recipients with a current status of not meeting Satisfactory Academic Progress (SAP) in the in the THECB program database will generate the error**: Prior Year SAP Not Met**.

Institutions have the following options to resolve this error:

1. Submit a Summer Update file if the recipient is now meeting SAP after completing summer school. (See Summer Update Instructions)

2. Report a valid hardship or justification.
    a. If the recipient was granted a SAP hardship for the current year, report **Y** in **Data Element 27**.
    b. If the recipient regained eligibility in a non-award year, report **3** in **Data Element 25**.

3. If the recipient did not meet prior year SAP requirements, and did not qualify for a hardship decision, the recipient is not eligible this award period. Correct the file and resubmit.

Maximum Hours of Eligibility Exceeded

Renewal recipient's calculated total number of hours is the sum of the hours in the THECB program database and the hours reported on the EOY file. Recipients whose total hours exceed program maximum will generate an error of: **Award Greater than 75 SCH**.

Institutions must prorate the recipient's award based on the number of eligible hours remaining in the program at the beginning of the last term.

Example:

A recipient began the academic year having attempted 57 hours while receiving grant funds, leaving 18 hours of eligibility remaining in the TEOG program.

- Fall semester – Attempted 12 hours
    o Recipient only has six hours of eligibility remaining.

- Spring semester – Attempted 10 hours
    o Instead of reporting 10 hours attempted, the institution must report six hours in the spring and prorate the award accordingly to RULE 22.260(f).

Minimum Number of Hours Remaining in Program

Recipients reported with fewer than 6 hours enrolled in a semester will generate an error of: **Fall Hrs Below Min Requirement** or **Spring Hours Below Min Requirement**.

Institutions have the following options to resolve these errors:

1. Report a valid hardship or justification:
    a. If the recipient was granted a hardship for the current year, report **Y** in **Data Element 27**.
    b. If the hours reported are less than six hours due to limited hours in the program, report **1** in **Data Element 25.**

2. If the recipient was not enrolled in at least 6 hours, and did not qualify for a hardship decision, the recipient is not eligible this award period. Correct the file and resubmit.

File Layout

The file must be in a **Tab-Delimited** text format.
Every **Data Element** must be included in every record of the file.

Header Record

The **Header Record** contains information to identify the type of data in the file.

Data Element	Type Length	Description	Edits
Report Type	Alphanumeric XXXX	4 characters max Must enter "TEOG"	Error if not TEOG
FICE Code	Numeric XXXXXX	6 characters max Must be institution-assigned FICE Code Must use leading zeroes (if necessary)	Error if not numeric Error if left blank
MODIFIED Reporting Year	Numeric XXXX	4 characters max Must enter "2017"	Error if not 2017

Header Record Example: TEOG   ######   2017

Detailed Records

Detailed Records contain information for all students who received TEOG funds in the 2016-2017 academic year.

Data Element	Type Length	Description	Edits
1. Recipient Identification (ID) Number	Alphanumeric XXXXXXXXX	9 characters max Enter the student's SSN Enter Student ID, if the recipient has no SSN Do NOT use dashes or slashes	Error if SSN and not numeric Error if left blank
2. Is the "Recipient's ID Number" a Social Security Number?	Alphanumeric X	1 character max Y = Yes N = No	Error if out of range
3. Recipient's Date of Birth	Numeric MMDDYYYY	8 characters max Do not use dashes or slashes	Error if mm is out of range of 01-12 Error if dd is out of range of 01-31
4. Recipient's Last Name	Alphanumeric XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX	30 characters max	Error if numeric Error if left blank
5. Recipient's First Name	Alphanumeric XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX	30 characters max	Error if numeric Error if left blank
6. Recipient's Middle Initial	Alphanumeric X	1 character max Leave blank if recipient does not have a middle name	Error if numeric
7. Filler_7	Blank	Leave Field Blank	Error if not blank
8. Filler_8	Blank	Leave Field Blank	Error if not blank
9. Filler_9	Blank	Leave Field Blank	Error if not blank

Data Element	Type Length	Description	Edits
10. Filler_10	Blank	Leave Field Blank	Error if not blank
11. Filler_11	Blank	Leave Field Blank	Error if not blank
12. Filler_12	Blank	Leave Field Blank	Error if not blank
13. At the beginning of the award period, was the recipient registered for Selective Service?	Numeric X	1 character max 1 = Yes 2 = No 3 = Exempt	Error if not numeric Error if out of range Error if = 2 Ineligible Recipient
14. For reporting purposes, is the recipient meeting SAP requirements at the end of the award period for a continuation award?	Alphanumeric X	1 character max Y = Yes N = No	Error if out of range Error if renewal award recipient and a cumulative GPA < = 2.50, and/or completion rate < = 75.0
15. Recipient's Cumulative Grade Point Average (GPA)	Numeric XXX	3 characters max Must include two decimal places on a four-point scale	Error if not numeric Error if left blank Error if > 4.00
16. Recipient's Completion Rate for the Award Period	Numeric XXX	3 characters max Must include two decimal places	Error if not numeric Error if > 100
17. Date Recipient Received an Associate Degree (if applicable)	Numeric MMDDYYYY	8 characters max Leave blank if student did not receive an associate degree	Error if not numeric Error if mm is out of range of 01-12 Error if dd is out of range of 01-31
18. What type of award did the recipient receive in the award period?	Numeric X	1 character max 1 = Initial Award 2 = Renewal Award	Error if not numeric Error if out of range Error if = 1 and recipient received a prior award Error if = 2 and recipient DID NOT receive a prior award
19. Filler_19	Blank	Leave Field Blank	Error if not blank

Data Element	Type Length	Description	Edits
20. Calendar year of the recipient's initial award disbursement if in 2016-2017	Numeric XXXX	4 characters max 0 = not applicable (renewal award recipient) 2016 = fall 2017 = spring	Error if not numeric Error if out of range Error if = 0 for an initial award recipient Error if > 0 for a renewal award recipient
21. Number of hours attempted while receiving grant funds in fall that count toward the program.	Numeric XX	2 characters max Enter all hours attempted regardless of hours completed; limited only by the total hours remaining in the program Enter "0" if no award was issued	Error if not numeric Error if < 6 and no hardship granted Error if > 21 Error if fall hours and spring hours = 0 Error if aggregate total of hours reported for the recipient exceeds 75
22. Number of hours attempted while receiving grant funds in spring that count toward the program.	Numeric XX	2 characters max Enter all hours attempted regardless of hours completed; limited only by the total hours remaining in the program Enter "0" if no award was issued	Error if not numeric Error if < 6 and no hardship granted Error if > 21 Error if fall hours and spring hours = 0 Error if aggregate total of hours reported for the recipient exceeds 75
23. Filler_23	Numeric XX	2 characters max **Enter "00"**	Error if not numeric Error if not 00
24. Filler_24	Numeric XX	2 characters max **Enter "00"**	Error if not numeric Error if not 00
25. For reporting purposes, was a justification required?	Numeric X	1 character max 0 = No 1 = Yes; Recipient was reported with fewer than 6 hours due to the program hour limitation 3 = Yes; Recipient regained eligibility in a non-award year	Error if not numeric Error if out of range

Data Element	Type Length	Description	Edits
26. Recipient's Award Amount for the Award Period	Numeric XXXX	4 characters max Enter a whole dollar amount only	Error if not numeric Error if left blank Error if amount exceeds max award for institution type Error if = 0 Error if <> **Data Element** 33 + **Data Element** 34
27. Was the recipient granted a hardship this award period?	Alphanumeric X	1 character max Y = Yes N = No	Error if out of range
28. Filler_28	Blank	Leave Field Blank	Error if not blank
29. Filler_29	Blank	Leave Field Blank	Error if not blank
30. Filler_30	Blank	Leave Field Blank	Error if not blank
31. Filler_31	Blank	Leave Field Blank	Error if not blank
32. Number of Hours Completed by Recipient in the Award Period	Numeric XX	2 characters max Enter number of hours completed by the recipient this award period with a grade of "D" or higher	Error if not numeric Error if left blank
33. Total Amount Recipient Received in Fall Term	Numeric XXXX	4 characters max Enter a whole dollar amount only	Error if not numeric Error if amount is in excess of the maximum based on institution type and number of hours reported in Data Element # 21
34. Total Amount Recipient Received in Spring Term	Numeric XXXX	4 characters max Enter a whole dollar amount only	Error if not numeric Error if amount is in excess of the maximum based on institution type and number of hours reported in Data Element # 22

Data Element	Type Length	Description	Edits
35. 9-month Expected Family Contribution	Numeric XXXXXX	6 characters max Enter the nine-month EFC	Error if not numeric Error if left blank Error if > 999999 Error if > 5233 for an initial award recipient
36. Cumulative Total Hours Attempted	Numeric XXX	3 characters max Enter the total number of hours the recipient has attempted while attending college	Error if not numeric Error if left blank

Trailer Record

Data Element	Type Length	Description	Edits
Trailer ID	Alphanumeric XXXX	4 characters max Must enter "EOF1"	Error if not EOF1
Total Detail Record Count	Numeric XXXXXX	6 characters max Enter total number of recipients.	Error if not numeric Error if count does not match detail record count.

Trailer Record Example: EOF1   ######

Data Stucture

DATA ELEMENT	TYPE	MAX CHARACTERS
1. STDNT_ID_NUMBER	ALPHANUMERIC	9
2. SSN_ID_TYPE	ALPHANUMERIC	1
3. DATE_OF_BIRTH	NUMERIC	8
4. STDNT_LAST_NAME	ALPHANUMERIC	30
5. STDNT_FIRST_NAME	ALPHANUMERIC	30
6. MIDDLE_INITIAL	ALPHANUMERIC	1
7. FILLER _7	BLANK	-
8. FILLER _8	BLANK	-
9. FILLER _9	BLANK	-
10. FILLER _10	BLANK	-
11. FILLER _11	BLANK	-
12. FILLER _12	BLANK	-
13. SELECT_SERVICE	NUMERIC	1
14. MET_SAP	ALPHANUMERIC	1
15. OVERALL_GPA	NUMERIC	3
16. COMPLETION_RATE	NUMERIC	3
17. ASSOCIATE_DEGREE	NUMERIC	8
18. AWARD_TYPE	NUMERIC	1
19. FILLER_19	BLANK	-
20. YEAR_AWARD	NUMERIC	4
21. FALL_HOURS	NUMERIC	2
22. SPRING_HOURS	NUMERIC	2
23. FILLER_23	NUMERIC	2
24. FILLER_24	NUMERIC	2
25. JUSTIFICATION	NUMERIC	1
26. TOTAL_AWD_AMOUNT	NUMERIC	4
27. HARDSHIP	ALPHANUMERIC	1
28. FILLER_28	BLANK	-
29. FILLER_29	BLANK	-
30. FILLER_30	BLANK	-
31. FILLER_31	BLANK	-
32. TOTAL_HRS_COMPLETED	NUMERIC	2
33. FALL_FUNDS_PAID	NUMERIC	4
34. SPRING_FUNDS_PAID	NUMERIC	4
35. 9_MONTH_EFC	NUMERIC	6
36. TOTAL_ATTEMPTED_HOURS	NUMERIC	3

Glossary

TERM	DESCRIPTION
Attempted Hours	Every course in every semester for which a student has been registered as of the official census date, including but not limited to, repeated courses and courses the student drops and from which the student withdraws. For transfer students, transfer hours and hours for optional internship and cooperative education courses are included if they are accepted by the receiving institution towards the student's current program of study.
Award Period	The academic year, including the term (i.e. fall, spring), for which the recipient was issued an award.

Census Date: The 12th day of class for a regular semester as defined, fall or spring term (16 weeks).

Award Maximum Per Semester Based on Census Date Enrollment					
Institution Type	**Award Maximum Per Year**	**Full-Time (12+ SCH's)**	**Three-Quarter Time (9-11 SCH's)**	**Half-Time (6-8 SCH's)**	**< Half-Time (1-5 SCH's)**
Public State Colleges	$5,486	$2,743	$2,057	$1,371	$0
Public Community Colleges	$2,832	$1,416	$1,062	$708	$0
Public Technical Colleges	$4,756	$2,378	$1,783	$1,189	$0

TERM	DESCRIPTION
Completion Rate	The rate of classes completed vs attempted in the current award period (i.e. total hours completed divided by total hours attempted).
Expected Family Contribution (EFC)	The 9-month EFC amount as determined using the Federal Methodology.
Grade Point Average (GPA)	The recipient's cumulative GPA on a four-point scale, as of the end of the award period.

Hardship: A decision based on a documented hardship that validates a recipient's eligibility for an award.

Each institution must adopt a hardship policy and have it available for public review upon request. Recipients that receive a hardship decision must have documentation supporting the decision maintained in their file.

If the recipient has an approved hardship and is enrolled less than half-time, prorate the award using the following:

Recipient Hardship Approved (Max. Eligibility)	Enrolled Less Than 6 Hours
	Maximum award for the semester divided by 12, then multiplied by the number of hours enrolled

TERM	DESCRIPTION
Hours Completed	The number of hours completed by the recipient this award period with a grade of "D" or higher.
Justification	A data element that validates a recipient's eligibility for reporting purposes.

TERM	DESCRIPTION
Maximum Hours of Eligibility	The maximum number of hours a student can attempt while receiving TEOG funds. If the recipient's balance of eligible hours is less than the number of hours being taken in a given term or semester, the recipient's award amount for that term or semester must be prorated using the following: <table><tr><td>**Award Amount (Max. Eligibility)**</td><td>**Balance of Hours = Less than 6**</td></tr><tr><td></td><td>25% of the maximum award amount for the semester</td></tr></table> **IMPORTANT NOTE**: While a hardship may be granted to allow an award in excess of 75 attempted semester credit hours (SCH), the total number of hours paid for with TEOG funds may not exceed 75 SCH.
Recipient Identification (ID) Number	The student's Social Security Number (SSN). For a student without a SSN, report the 9-digit ID number assigned by the institution. **NOTE:** All SSNs or IDs submitted should match those reported on the institution's CBM report.

Satisfactory Academic Progress (SAP)	The minimum program SAP requirements a student must meet to continue receiving a TEOG award.
	
	• Initial award recipients must meet the institution's financial aid SAP requirements as of the end of the award period in order to be eligible for a renewal award.
	
	• Renewal award recipients must end the award period with a minimum of:
	  • 2.5 cumulative GPA on a four-point scale
	  • 75% completion rate

Appendix A

Sample Error Report

```
FICE: 00####   Error Report on Financial Aid Records - TEOG - FY2017
Date: 7/5/2017 4:30:14 PM
From: Texas Higher Education Coordinating Board 1-800-242-3062, options 3, 3, 5    TEOG@thecb.state.tx.us
****************************************************************************
* SUMMARY INFORMATION:
*
* RECORDS READ: 2069
* DETAIL LINES READ: 2067
* ERROR LINES WRITTEN: 5
* ------------------------------------------------------------
*
* ERROR SUMMARY                    TOTAL NUMBER OF ERROR IN FILE
*          Fall Hr exceed max allowable: 1
*              Received TEXAS Grant: 1
*              Semesters in Excess of 8: 1
*
*    Please send validation to TEOG@thecb.state.tx.us for the error of Received TEXAS Grant
*
****************************************************************************

DATA RECORD: 1142
STUDENT ID : #########

ERROR TYPE              DATA ELEMENT          FILE VALUE
Fall Hr exceed max allowable      Fall            23

COUNT OF ERRORS IN THIS RECORD: 1
----------------------------------------------------------------------


DATA RECORD: 1334
STUDENT ID : #########

ERROR TYPE              DATA ELEMENT          FILE VALUE
Semesters in Excess of 8        Semester_In_Grant      9 + 2

COUNT OF ERRORS IN THIS RECORD: 1
----------------------------------------------------------------------


DATA RECORD: 1933
STUDENT ID : #########

ERROR TYPE              DATA ELEMENT          FILE VALUE
Received TEXAS Grant at FICE 003592  Student ID        #########

COUNT OF ERRORS IN THIS RECORD: 1
----------------------------------------------------------------------



** Warning the following discrepancies will need to be addressed on your FADB Report **


######### ----- Timothy Sanchez
######### ----- Kalkidan Chekol
######### ----- Emma Hall
######### ----- Jayanti Chaulagain
```

Appendix B

Sample Reconciliation Report

Texas Higher Education Coordinating Board
FICE: ####   Error Report on Financial Aid Records - TEOG - FY2017
Date: 6/30/2017 7:36:50 PM
From: Texas Higher Education Coordinating Board 1-800-242-3062, options 3, 3, 5   teogt@thecb.state.tx.us
****

```
*  SUMMARY INFORMATION:
*
*  RECORDS READ: 988
*  DETAIL LINES READ: 986
*  ERROR LINES WRITTEN: 2
*  -------------------------------------------------------------
*
*  ERROR SUMMARY                    TOTAL NUMBER OF ERROR IN FILE
* RY total in file DOES NOT equal disbursed AMT: 1
* IY total in file DOES NOT equal disbursed AMT: 1
*
***************************************************************************
```

Error related to Total IY Funds Disbursed
The total funds reported on your SxS EOY report are 260000. $2,000
The total funds disbursed are 258000.
The total IY amount reported does not reconcile with the total IY amount disbursed for your institution.
IY total in file DOES NOT equal dis

Error related to Total RY Funds Disbursed
The total funds reported on your SxS EOY report are 244000. $2,000
The total Funds disbursed are 246000.
The total RY amount reported does not reconcile with the total RY amount disbursed for your institution.
RY total in file DOES NOT equal disbursed AMT

COUNT OF ERRORS IN THIS RECORD: 2

Appendix C

Additional Resources

THECB CONTACT INFORMATION	
Contact THECB's Financial Aid Services Team	Toll-Free (844) 792-2640
FOR PROGRAM SPECIFIC QUESTIONS, EMAIL:	
Toward EXcellence, Access, & Success (TEXAS) Grant	TEXASGrant@thecb.state.tx.us
Texas Educational Opportunity Grant (TEOG)	TEOG@thecb.state.tx.us
Tuition Equalization Grant (TEG)	TEG@thecb.state.tx.us
General information on: exemption and waivers, state loan programs and other questions or topics	GrantInfo@thecb.state.tx.us
OTHER RESOURCES FOR INSTITUTIONS	
General program information for institutions	Student Financial Aid Programs Information Website
Texas Program Statutes	Texas Education Code
Texas Program Rules	Texas Administrative Code
Information concerning program processing, procedures, allocations, and other topics will be communicated to institutions through the GovDelivery system. In order to receive these communications, interested individuals must subscribe.	GovDelivery
AVAILABLE FORMS	
TEOG, TEOG, TEG, TCWS, Top 10% Scholarship, BOT, CAL, TASSP, EAE	Return of Funds Form