



**LOUISIANA STUDENT FINANCIAL ASSISTANCE  
COMMISSION  
OFFICE OF STUDENT FINANCIAL ASSISTANCE**

*Student Financial Aid Bulletin*

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TOPICS:	Go Grant File Expansion

The Go Grant system is being revised to accommodate changes in how FAFSA data populates a student's ECG record and to allow Accelerated Program codes to be submitted via Go Grant Payment Requests. The workflow for the Go Grant process will remain the same, but there will be additional fields which require input from the user.

Effective from September 1, 2008 forward, creating a manual ECG record through the TOPS College Portal will require the user to enter a student's last name, first name, and date of birth. We will then compare the information entered with the information on file in the FAFSA database. In the event of a data mismatch between the two sets of values, the record will NOT be saved. The user will then receive an error message advising him or her to confirm the student data and to contact LOSFA if need be. However, if the entered data matches that on file, the record will be saved, and the process will continue as normal.

Adding the name and date of birth fields to the ECG process will also affect the batch upload process, as these fields will be added to the Payment Request file layout. Specifications for the new fields are at the end of this bulletin.

Effective from September 1, 2008 forward, users will also be able to submit Accelerated Program codes through the Go Grant Payment Request process (Accelerated Programs Bulletin T2008-2). Individual payment requests will feature a new drop-down field where the user will select the appropriate code. If the payment request in question does not involve the Accelerated Program, the user can ignore the drop-down field.

As with the changes to the ECG process, this new field will require changes to the Payment Request file layout, which is at the end of this bulletin. This will also add one new field to the Payment/Error Roster file layout. Specifications for this are also at the end of this bulletin.

Wednesday, August 27, 2008 will be the last date that Payment Requests in the old format can be submitted. The Go Grant system will be closed from 3:00 PM that date forward, to begin moving the new pieces into production. The Go Grant system should be available the following Monday, September 1, 2008. At that time, all prior ECG records will have been removed from the system. Any payment requests which need to be submitted late for the 2008 academic year will either require the user to generate a new ECG record manually using the screens, or will require the payment request to be sent via batch file.

For assistance with this program, you may contact Bonnie Lavergne at [blavergne@osfa.state.la.us](mailto:blavergne@osfa.state.la.us), 1-800-259-5626, extension 0412 or 225-922-0412.

For questions on technical issues dealing with the portal, you may contact Jason Whitworth at [jwhitworth@osfa.state.la.us](mailto:jwhitworth@osfa.state.la.us).

## Making a Go Grant Payment Request

Go Grant Payment Requests can be sent in batch or through the portal. The file layout below must be used when submitting batch files.

### GO GRANT BATCH PAY REQUEST FILE - 06/04/08

FROM	TO	LGTH	TYPE	FIELD NAME	FIELD DESCRIPTION	FORMAT
1	9	9	Numeric	PTSSN	SOCIAL SECURITY NUMBER	123456789
10	15	6	Alpha	PTTERM	TERM	1S2008 for Semesters & 1T2008 for Terms
16	24	9	Numeric	PTCOLLIDNU	COLLEGE CODE	002010000
25	32	8	Numeric	PTPMTREQDT	PAYMENT REQUEST DATE	YYYYMMDD
33	36	4	Numeric	PTREQAMT	PAYMENT REQUEST AMOUNT	Integer; (ex: 1000)
37	38	2	Numeric	PTENRHRS	ENROLLED HOURS	Ex: 12
39	42	4	Numeric	PTECGAMT	ECG AMOUNT	Integer; (ex: 2013)
43	43	1	Alpha	PTOVER	OVER AWARD	"Y" = Yes or "N" or Blank = No
44	44	1	Alpha	PTPGMFT	PROGRAM FULL TIME	"Y" = Yes or "N" or Blank = No
45	46	2	Alpha	PTAPCODE	ACCELERATED PGM CODE	"11" - "99" OR BLANK
47	54	8	Numeric	PTBIRTHDT	BIRTH DATE	CCYYMMDD
55	70	16	Alpha	PTLNAME	LAST NAME	ALPHA
71	82	12	Alpha	PTFNAME	FIRST NAME	ALPHA

NEW  
NEW  
NEW  
NEW

**Go Grant Payment/Error Roster - 06/04/08**

FROM	TO	LGTH	TYPE	FIELD NAME	FIELD DESCRIPTION	FORMAT
1	9	9	NUMERIC	PESSN	SOCIAL SECURITY NUMBER	123456789
10	15	6	ALPHA	PETERM	TERM	1S2008 for Semester or 1T2008 for Term
16	24	9	NUMERIC	PECOLLCD	COLLEGE CODE	ex: 002010000
25	32	8	NUMERIC	PEPMTREQDT	PAYMENT REQUEST DATE	YYYYMMDD
33	37	5	NUMERIC	PEREQAMT	PAYMENT REQUEST AMOUNT	ex: 01000 or -1000
38	45	8	NUMERIC	PEPRCSDT	PROCESS DATE	YYYYMMDD
46	50	5	NUMERIC	PEPMTAMT	ACTUAL PAYMENT AMOUNT	ex: 00500 or -0500
51	52	2	NUMERIC	PEENRHRS	ENROLLED HOURS	ex: 12
53	56	4	NUMERIC	PEECGAMT	ECG AMOUNT	ex: 2013
57	57	1	ALPHA	PEOVER	OVERAWARD	"Y" = Yes or "N" or Blank = No
58	59	2	ALPHA	PEPROGTYPE	PROGRAM CODE	GG'
60	70	11	ALPHA	PEVERFNUM	VERIFICATION NUMBER	ex: '1234567891' or 'OSFB-123ABC'
71	86	16	ALPHA	PELNAME	LAST NAME	ex: SMITH
87	98	12	ALPHA	PEFNAME	FIRST NAME	ex: JOHN
99	112	14	ALPHA	PEINVNUM	INVOICE NUMBER	ex: 002010070756
113	114	2	ALPHA	PEERRCODE	ERROR CODE	See attached listing
115	154	40	ALPHA	PEERRTEXT	ERROR CODE TEXT	See attached listing
155	155	1	ALPHA	PEPGMFT	PROGRAM FULL TIME	"Y" = Yes or "N" or Blank = No
156	157	2	ALPHA	PEAPCODE	ACCELERATED PGM CODE	BLANK OR '11' - '99'