

University of Illinois Honorarium Agreement

(This agreement is to be used for honorarium and/or honorarium-related travel expenses from \$5,000.00 to \$19,999.99.)

This agreement is made and entered into between The Board of Trustees of the University of Illinois, a body corporate and politic whose principal office is at Urbana, Illinois, on behalf of _____, hereinafter referred to as "University" and the individual named below:

1. Name: _____
2. Home Address: _____
3. Business Address: _____
4. Home Phone #: _____
5. If non-U.S. citizen, indicate type of visa: _____
6. Name and address of current employer: _____

7. Brief description and location of honorarium event:

8. Date(s) of honorarium event: _____

9. Payment:

Honorarium Amount	\$ _____
Travel Expenses (receipts required)	\$ _____
Total payment	\$ _____

9. CERTIFICATIONS BY DEPARTMENT:
- a. No actual or apparent conflict of interest exists in regard to this honorarium;
 - b. If payment is to be made from restricted trust funds provided by the U.S. government or the State of Illinois:
 - i. Either the individual is not currently paid 100% (as defined by the individual's employer) from funds provided by the U.S. government or State of Illinois, or approval to pay the individual the honorarium has been obtained from the federal sponsor or State of Illinois (attach copy of approval).
 - ii. The honorarium amount does not exceed the maximum allowable rate paid to a GS-18 (as appropriate – daily, weekly, monthly, annually) or advance written approval has been obtained from the sponsor (attach copy of approval).
 - c. If payment is to be made from restricted trust funds provided by the U.S. government, the available listing of persons barred from contracting with the federal government has been checked and this individual's name does not appear on that list.

Department approvals:

Sponsoring faculty/staff member

Department Head Date

10. CERTIFICATIONS BY INDIVIDUAL RECEIVING HONORARIUM:

- a. If I am an employee of the State of Illinois, I certify that I have permission from my employer to perform this service.
- b. I certify that I have not been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois, nor have I made an admission of guilt of such conduct which is a matter of record.
- c. I certify that I am not in default for a period of six months or more in an amount of \$600 or more on the repayment of any educational loan guaranteed by the Illinois State Scholarship Commission or made by an Illinois institution of higher education or any other loan made from public funds for the purpose of financing higher education.
- d. I certify that to the best of my knowledge and belief, that:
 - i. I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.
 - ii. I have not, within a three-year period preceding this agreement, been convicted of or had a civil judgment rendered against me for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
 - iii. I am not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in part (b) of this certification.
 - iv. I have not within a three-year period preceding this agreement had one or more public transactions (Federal, State, or local) terminated for cause or default.
- e. I certify that I am not barred from contracting with a unit of the State or a local government as the result of a violation of Section 33E-3 or 33E-4 of the Criminal Code of 1961 of the laws of the State of Illinois. These violations concern the criminal offenses of bid-rigging, bid rotating, or kickback in regard to public contracts.
- f. If University determines that the person receiving the honorarium is delinquent in the payment of any debt to the State of Illinois as set forth in Section 50-11 of the Illinois Procurement Code (30 ILCS 500), University may declare the agreement void if it determines that voiding the agreement is in the best interests of the State.
- g. I am doing business as a (check one):
 - Individual
 - Sole Proprietorship
 - Partnership
 - Corporation
 - Not-for-Profit Corporation
 - Limited Liability Corporation
 - Real Estate Agent
 - Government Entity
 - Medical & Health Care Services Provider Corporation
 - Tax Exempt Organization (IRC 501(a) only)
 - Trust or Estate

WILLFULLY FALSIFYING CERTIFICATIONS OR AFFIRMATIONS MAY SUBJECT YOU TO CRIMINAL PENALTIES INCLUDING FINES AND/OR IMPRISONMENT.

- h. I certify, to the best of my knowledge and belief, that:
 - i. No Federal appropriated funds have been paid or will be paid by me to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.
 - ii. If any non-Federal funds have been paid or will be paid by me to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, attached is a completed Federal Standard Form "Disclosure Form to Report Lobbying", in accordance with its instructions.

iii.I shall require that the language of this certification be included in the award documents for all sub-awards at all tiers and that all sub-recipients shall certify accordingly.

iv.I am not currently the subject of an investigation or proceeding to exclude me as a provider under Medicare or Medicaid or under any other federal or state health care program or under any third party insurance program, nor am I currently excluded or debarred from submitting claims to Medicare or Medicaid or to any other federal or state health care program or to any third party insurer. I represent and warrant that I have checked the Office of Inspector General list of excluded individuals and the Government Service Administration list of parties excluded from federal procurement and non-procurement programs. (See the following website: http://exclusions.oig.hhs.gov/cgi-bin/oig_counter.pl).

**The Board of Trustees of the
University of Illinois**

By: _____
Walter K. Knorr, Comptroller

Date: _____

Attest: _____
Michele M. Thompson, Secretary

Individual Receiving Honorarium

Signed

Type or print name

Date: _____