



# Huntsville, Alabama

305 Fountain Circle  
Huntsville, AL 35801

## Cover Memo

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**Meeting Type:** City Council Regular Meeting **Meeting Date:** 3/26/2026

**File ID:** TMP-6706

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**Department:** Police

**Subject:**

**Type of Action:** Approval/Action

Resolution authorizing the Mayor to enter into a memorandum of understanding by and between the City of Huntsville and the Alabama Association of Chiefs of Police Accreditation Commission.

Resolution No.

**Finance Information:**

**Account Number:** 1000-41-41305-515425-00000000

**City Cost Amount:** \$300.00

**Total Cost:** \$300.00

**Special Circumstances:**

**Grant Funded:** n/a

**Grant Title - CFDA or granting Agency:** n/a

**Resolution #:** n/a

**Location: (list below)**

**Address:** n/a

**District:** District 1  District 2  District 3  District 4  District 5

**Additional Comments:**

Our agency is currently accredited with CALEA. We are applying to obtain additional accreditation through the Alabama Association of Chiefs of Police Accreditation Commission. Attached is the memorandum of understanding and application. Cost is \$200 application fee and \$100 annual accreditation fee.

**RESOLUTION NO. 26-\_\_\_\_**

**BE IT RESOLVED** by the City Council of the City of Huntsville, Alabama, that the Mayor be, and he is hereby authorized to enter into a Memorandum of Understanding by and between the City of Huntsville and the Alabama Association of Chiefs of Police Accreditation Commission on behalf of the City of Huntsville, a municipal corporation in the State of Alabama, which said Memorandum of Understanding is substantially in words and figures similar to that certain document attached hereto and identified as "Memorandum of Understanding with the Huntsville Police Department and Alabama Association of Chiefs of Police" consisting of Thirteen (13) pages, and the date of March 26, 2026 appearing on the margin of the first page, together with the signature of the President or President Pro Tem of the City Council, an executed copy of said document being permanently kept on file in the Office of the City Clerk of the City of Huntsville, Alabama.

**ADOPTED** this the 26th day of March 2026.

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President of the City Council of  
the City of Huntsville, Alabama

**APPROVED** this the 26th day of March 2026.

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Mayor of the City of  
Huntsville, Alabama



# Alabama Association of Chiefs of Police Accreditation Commission



The Alabama Association of Chiefs of Police Accreditation Commission (AACOPAC) Memorandum of Understanding with the Huntsville Police Department and Alabama Association of Chiefs of Police.

The purpose of the **Memorandum of Understanding** is to establish the relationships between, and the set of responsibilities between, and the set of responsibilities of, the agency and the Alabama Association of Chiefs of Police - Accreditation Commission, Inc. (AACOPAC). The AACOPAC will assess the agency's compliance with applicable standards, established by AACOP, in order for the Commission to determine if the agency is eligible for state accreditation and to determine if the agency is maintaining compliance with those standards by which it was accredited.

## 1. AGENCY RESPONSIBILITIES:

- Conduct a self-assessment as to compliance with applicable standards.
- Establish a filing system for applicable standards that contain proofs of compliance for each standard.
- Provide one person who is designated as the contact person for the Commission.
- Provide access to files and proofs.
- Provide the necessary workplace for assessors during the agency inspection.
- Provide all information, using it's best and honest judgment in good faith, requested by the assessors or Commission.
- Pay the respective administrative fee.
- For the purpose of the final assessment, all related files must be accessible in an electronic or a paper file format.

## 2. COMMISSION RESPONSIBILITIES:

- Oversee the provision of necessary documentation, forms, and instructions by the administrative component regarding the state accreditation.
- Provide assessors for the purpose of conducting the on-site assessment.
- Promptly analyze compliance data and advise the agency of the results of the onsite assessment and the need for additional information, if any.
- Conduct a hearing and certify the agency as accredited if the relevant standards are complied with.
- If accredited, provide the agency with a certificate.
- If not accredited, provide the agency with reasons for the Commission's decision.

## 3. CONFIDENTIALITY The Commission shall receive and hold confidential any and all reports, files, records, and other data obtained from the agency pursuant to the Memorandum of

Understanding. The Commission shall not disclose, distribute, or release to any person or organization, except agency officials, or upon order of the state or federal court, any materials, or contents thereof, either provided by the agency or developed by the Commission in the furtherance of its responsibilities under the Memorandum of Understanding. The Commission is authorized, but not required, in the exercise of its sole discretion, to conduct an open meeting regarding the agency's candidacy for accreditation or its continued compliance with applicable standards including, but not limited to, all factual matters relating to the assessment, appraisal, and determination of accreditation; and all comments which form a basis for the opinion either in favor of or against accreditation, unless specifically notified by the agency in writing to the contrary, in which case such meeting shall be closed to the public. In response, to inquiries concerning the agency, the Commission's reply will be to identify the agency's status. All other request for information will be directed to the agency's Chief Executive Officer.

4. **INTEGRATION** This instrument embodies the whole Memorandum of Understanding of the parties. The parties warrant that there are no promises, terms, conditions, or obligations other than those contained herein. This Memorandum of Understanding shall supersede all previous communications, representations, or agreements, either verbal or written, between the parties hereto.
5. **SEVERABILITY** If any provision of the Agreement or the application of such provision onto any person or circumstances other than those to which it is held invalid shall not be affected thereby.

**AGENCY CHIEF EXECUTIVE**

Kirk Giles

Name

Chief of Police

Title

Signature

03/10/2026

Date

**ON BEHALF OF THE ALABAMA ASSOCIATION OF CHIEFS OF POLICE ACCREDITATION PROGRAM COMMISSION (AACOPAP)**

Name

Title

Signature

Date

Tommy Battle

Name  
Mayor

Title

Signature  
03/26/2026

Date



# AACOPAP

Alabama Association of Chiefs of Police Accreditation Program



## Application for Enrollment Form

*Application process open to all agencies across the State of Alabama*

### ELIGIBILITY

All law enforcement agencies having a primary responsibility for the enforcement of Alabama State Laws and or County or City ordinances are eligible for accreditation. Questions of eligibility will be resolved by the AACP Executive Committee.

### AGENCY PROFILE QUESTIONNAIRE

The agency Profile Questionnaire is designed to provide information about your agency. The information will be utilized by the AACP and your accreditation assessment team to better understand your agency's needs. It may also be used to provide a general profile of agencies attempting to upgrade standards of law enforcement across Alabama.

### AGREEMENT

With this application we agree to adopt and utilize policies in compliance with the Professional Standards adopted by the AACP. We further agree that we will assist the assessors assigned to make the assessment of compliance of our agency. Professional law enforcement personnel will conduct the inspection and we agree to allow them access to our department records and personnel for the purposes of assessment.

We understand the commitment our agency will be making in order to work with the AACP and accept all of the above.

This report is subject to the provisions of the Freedom of Information Act and may be subject to review by third parties.

\* **Required**

## AUTHORIZED BY:

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1. Chief Executive Officer (Digital Signature) \* \_\_\_\_\_
2. Signature Date: \* 3/10/26 \_\_\_\_\_

# AGENCY PROFILE

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1. Agency Name: \*
  
2. Agency Street Address: \*
  
3. City, Zip, County: \*
  
4. Agency Website (if applicable):
  
5. Agency Chief Executive Officer (CEO) Name: \*
  
6. CEO Telephone: \*
  
7. CEO Email: \*
  
8. Accreditation Manager (AM) name: \*
  
9. AM Telephone: \*
  
10. AM Email: \*

# CURRENT ACCREDITED STATUS

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11. Is your agency currently accredited by any other accreditation program? \*

- Yes  
 No

12. If YES to question 11, with which accrediting agency:

- CALEA
- IACALEA
- Other

13. If YES to question 11, what year(s):

14. If YES to question 11, what level is the agency accredited? Ie: Tier 1, Advanced

## AGENCY SIZE

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15. Authorized Full Time Sworn Personnel: \*

16. Authorized Part Time Sworn Personnel: \*

17. Authorized Full Time Non-Sworn Personnel: \*

18. Authorized Part Time Non-Sworn Personnel: \*

19. Does agency utilize Reserve Police Officers? (e.g., communications, records, crossing guards, etc.): \*

- Yes
- No

20. Briefly describe Reserve Police Officers' duties:

21. Does agency utilize volunteers (e.g., interns, CERT, VIPs, etc.)?? \*

- Yes
- No

22. Briefly describe volunteer duties:

paperwork

## GEOGRAPHIC AREA OF RESPONSIBILITY

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23. Square mileage of service area: \*

220

24. Population (latest Census): \*

249,102

25. Indicate any property located within the confines of another political subdivision for which your agency has law enforcement responsibility (e.g., airports, storage facilities, garages, schools, colleges, etc.): \*

26. If the agency has entered into a contracted agreement for the provision or receipt of law enforcement services with another jurisdiction, indicate the services provided and the name(s) or recipient entities:

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## PERSONNEL FUNCTIONS

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*Which department or internal function handles agency personnel?*

27. Department Name: \*

City of Huntsville Human Resources

28. Department Address: \*

305 Fountain Circle Huntsville, Alabama 35801

29. Contact Name: \*

Dylan Yarbrough

30. Contact telephone: \*256-427-05240

31. Contact Email: \*dylan.yarbrough@huntsvilleal.gov

## WORKFORCE (RANKS ABOVE CAPTAIN)

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*Indicate the number of employees for each category:*

32. Administration- ranks above Captain \*2

33. Patrol-ranks above Captain \*2

34. Investigation- ranks above Captain \*2

## WORKFORCE (RANKS OF CAPTAIN)

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*Indicate the number of employees for each category:*

35. Administration- ranks of Captain \*1

36. Patrol- ranks of Captain \*4

37. Investigations- ranks of Captain \*1

## WORKFORCE (RANKS OF LIEUTENANT)

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*Indicate the number of employees for each category:*

38. Administration- ranks of Lieutenant \*1

39. Patrol- ranks of Lieutenant \* 10

40. Investigation- ranks of Lieutenant \* 1

## WORKFORCE (RANKS OF SERGEANT)

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*Indicate the number of employees for each category:*

41. Administration- ranks of Sergeant \* 1

42. Patrol- ranks of Sergeant \* 24

43. Investigation- ranks of Sergeant \* 8

## WORKFORCE (RANKS OF OTHER SUPERVISORY)

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*Indicate the number of employees for each category:*

44. Administration- ranks of other supervisory \* 0

45. Patrol- ranks of other supervisory \* 0

46. Investigation- ranks of other supervisory \* 0

## WORKFORCE (RANKS OF OFFICER/DETECTIVE)

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*Indicate the number of employees for each category:*

47. Administration- ranks of office/ detective \*0

48. Patrol- ranks of officer/detective \*306

49. Investigation- ranks of officer/detective 62

### WORKFORCE (RANKS OF OTHER SWORN) E.G. RESERVE, ETC.

*Indicate the number of employees for each company*

50. Administration- ranks of other sworn \*0

51. Patrol- ranks of other sworn \*0

52. Investigation- ranks of other sworn \*0

### WORKFORCE (RANKS OF CIVILIAN)

*Indicate the number of employees for each category:*

53. Administration- ranks of civilian \*11

54. Patrol- ranks of civilian \*8

55. Investigations- ranks of civilian \*2

### WORKFORCE (RANKS OF OTHER)

*Indicate the number of employees for each category:*

56. Administration- ranks of other \*0

57. Patrol- ranks of other \*0

58. Investigations- ranks of other \*0

59. Provide additional comments on your workforce (if any):

2 Safety Patrol Supervisors

## COMMUNICATIONS

60. Does the agency operate its own communications center? \*

Yes

No

61. If **Yes**, where is the center located? 5827 Oakwood Rd

62. If **No**, who manages and operates the communications center, and where is it located?

## SUBSTATIONS OR OTHER FACILITIES

63. List the address and type of any facilities used agency other than those already provided (e.g., substations, precincts, training facilities, etc.)

CID - 2820 Holmes Ave, Domestic Violence Unit - 210 Pratt Ave, Internal Affairs - 820 North Memorial Parkway, IT - 707 Fiber St, North Precinct - 4014 N Memorial Parkway, Police Academy - 5365 Triana Blvd, South Precinct - 7900 Bailey Cove Rd, Special Operations- 2320 1st St, West Precinct - 2110 Clinton Ave.

## HOLDING FACILITIES

64. Does your agency have a holding facility? \*

- Yes  
 No

65. If **Yes**, what is the maximum capacity of the holding facility/area?

66. Do you process (photograph, fingerprint) arrestees at your facility? \*

- Yes  
 No

67. Do you use a central booking facility for processing, detention and/or transporting to jail facilities (e.g. county or state facility)? \*

- Yes  
 No

68. If **Yes**, which booking facility do you use (please include name and address):

Madison County Jail  
815 Wheeler NW  
Huntsville, AL 35801

69. Additional information (if necessary):

The Jail is located in the same building as our main offices.

## VEHICLES

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70. Please list the type of vehicles utilized by your agency (e.g., including bicycles, motorcycles, ATVs, helicopters, etc.): \*

Bicycles

## DOCUMENT MANAGEMENT SYSTEM

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71. What system, if any, do you currently use for document management? \*

- Power DMS  
 Lexipol  
 PM/AM  
 None  
 Other

# POLICIES

DATE OF LAST MAJOR REVISION/UPDATE OF POLICIES AND PROCEDURES On going

POLICY	YES	NO
PURSUIT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PERSONNEL RECRUITMENT AND SELECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SCREENING OF APPLICANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PERFORMANCE EVALUATIONS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DISCIPLINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROMOTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GRIEVANCES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
USE OF FORCE /CHOKEHOLDS & CAROTID (VASCULAR) NECK RESTRAINTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BASIC TRAINING	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TRAINING FOR SUPERVISORS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PUBLIC INFORMATION/MEDIA RELATIONS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
INVENTORY AND ACCOUNTABILITY OF EVIDENCE AND PROPERTY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TRAFFIC ACTIVITY(ENFORCEMENT, TOWING, VEHICLE IMPOUNDMENT)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
JUVENILE OPERATIONS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HANDLING THE MENTALLY ILL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DOMESTIC VIOLENCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CRIMINAL INVESTIGATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SOCIAL MEDIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRISONER TRANSPORT AND CUSTODY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COMMUNICABLE DISEASES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TAKE HOME VEHICLES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NALOXONE (NARCAN) USAGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
USE OF REFLECTIVE VEST	<input checked="" type="checkbox"/>	<input type="checkbox"/>

BODY WORN CAMERAS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ACTIVE SHOOTER RESPONSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FIERARMS QUALIFICATION & TRAINING	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RACIAL PROFILING	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OFFICER CONDUCT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OFFICER INVOLVED SHOOTING	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CONDUCTIVE ENERGY DEVICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUPERVISED FIELD TRAINING	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## COMMENTS

72. Please provide any additional information the AACOPAP may need to know about the operation and functions of your agency: \*

## ACCREDITATION FEE STRUCTURE

NUMBER OF SWORN POSITIONS	INITIAL FEE	ANNUAL CONTINUATION FEE
1-50	\$200.00	\$100.00
51-100	\$200.00	\$100.00
101-200	\$200.00	\$100.00
201- UP	\$200.00	\$100.00

Tommy Battle

Name

Mayor

Title

Signature

03/26/2026

Date

LTKS