MEMORANDUM OF UNDERSTANDING

Between the Town of Appomattox and the Appomattox County Sheriff's Department

Purpose

This Memorandum of Understanding ("MOU") establishes the agreement between the Town of Appomattox ("Town") and the Appomattox County Sheriff's Department ("Sheriff's Department") regarding the allocation of funds received under House Bill 599 ("HB 599") from the Commonwealth of Virginia.

Background

Pursuant to Virginia Code § 9.1-165 et seq., the Commonwealth provides financial assistance, commonly known as HB 599 funds, to eligible localities with police departments. The Town of Appomattox continues to receive such funds on a grandfathered basis due to its historical operation of a police department. These funds remain subject to appropriation by the General Assembly, and the Town's eligibility is contingent upon state law.

Agreement

1. Allocation of HB 599 Funds

The Town agrees to allocate to the Sheriff's Department all HB 599 funds it receives from the Commonwealth, so long as the Town remains an eligible recipient of such funds and such funds are appropriated by the General Assembly. These funds shall be transferred annually upon receipt and used by the Sheriff's Department in accordance with state law and applicable guidelines.

2. Additional Appropriations

In addition to HB 599 funds, the Town may, through its annual budget process, appropriate additional funds to the Sheriff's Department.

3. Duration

This MOU shall remain in effect unless terminated or amended by mutual written agreement of both parties.

4. No Waiver of Authority

Nothing in this MOU shall be construed as limiting the authority of the Town Council in the appropriation of Town funds or the authority of the Sheriff's Department to expend such funds in accordance with law.

Effective Date

This MOU shall take effect upon signature by both parties and remain in force until amended or terminated.

Town of Appomattox

By: _____
[Name], Mayor
Date: _____

Attest: _____
[Name], Town Manager
Date: _____

Appomattox County Sheriff's Department

By: _____
[Name], Sheriff
Date: _____