

Prováděcí smlouva

číslo: S075/2018-C13

k Rámcové dohodě na poskytování služeb ze dne 7. 5. 2018

(dále též jen „**Prováděcí smlouva**“)

Smluvní strany:

Ústav zdravotnických informací a statistiky České republiky

Organizační složka státu

se sídlem: Palackého náměstí 4, PSČ 128 01 Praha 2

IČO: 00023833

bankovní spojení:

zastoupen: prof. RNDr. Ladislavem Duškem, Ph.D. ředitelem

(dále jen „**Objednatel**“)

a

SKYLAB spol. s r.o.

se sídlem/místem podnikání: Zakouřilova 16/1170, 149 00 Praha 4

IČO: 25790943, DIČ: CZ25790943

subjekt zapsaný v obchodním rejstříku vedeném Městským soudem v Praze

spisová značka oddíl C, vložka 70554

bank. spojení

jehož jménem jedná:

(dále jen „**Poskytovatel**“)

1. ÚVODNÍ USTANOVENÍ

- 1.1 Tato Prováděcí smlouva se uzavírá jako Prováděcí smlouva k Rámcové dohodě na poskytování služeb uzavřené mezi Objednatelem a Poskytovatelem dne 7. 5. 2018 (dále též jen „Rámcová dohoda“)
- 1.2 Veškeré pojmy uvedené v této Prováděcí smlouvě budou vykládány v souladu s jejich významem uvedeným v Rámcové dohodě.
- 1.3 Tato Prováděcí smlouva je uzavřena v souladu s postupem uvedeným v čl. 5 Rámcové dohody v souladu se zákonem č. 134/2016 Sb., o zadávání veřejných zakázek, ve znění pozdějších předpisů (dále též jen „ZZVZ“) na základě výzvy Objednatele k poskytnutí Podpůrných služeb specifikovaných v Příloze č. 1 této Prováděcí smlouvy (dále též jen „služby“).

2. PŘEDMĚT PLNĚNÍ

- 2.1 Poskytovatel se zavazuje poskytnout Objednateli služby v rozsahu uvedeném v Příloze č. 2 této Prováděcí smlouvy.
- 2.2 Součástí předmětu plnění bude vždy i zdokumentování provedených změn a také finálního stavu infrastruktury a konfigurací, které budou prováděny v rámci činností uvedených v příloze 1. Dokumentace bude předložena v rámci akceptační procedury.
- 2.3 Služby budou poskytnuty po dobu uvedenou v Příloze č. 3 této Prováděcí smlouvy.
- 2.4 Objednatel uhradí Poskytovateli za poskytnuté služby cenu za podmínek stanovených Rámcovou dohodou a Přílohou č. 1 této Prováděcí smlouvy.
- 2.5 Celková cena uvedená v Příloze č. 2 Prováděcí smlouvy, je cenou maximální a nepřekročitelnou a bude fakturována dle skutečně vykázaných nákladů.

3. ZÁVĚREČNÁ USTANOVENÍ

- 3.1 Práva a povinnosti Objednatele a Poskytovatele související s poskytováním služeb dle této Prováděcí smlouvy se řídí Rámcovou dohodou, není-li v této Prováděcí smlouvě výslovně stanoveno jinak.
- 3.2 Tato Prováděcí smlouva je vyhotovena ve dvou stejnopisech, z nichž každá strana obdrží po jednom.
- 3.3 Jakékoliv změny či doplnění této Prováděcí smlouvy mohou být učiněny výhradně písemným dodatkem schváleným oběma smluvními stranami.

- 3.4 Vztahuje-li se důvod neplatnosti jen na některé ustanovení Prováděcí smlouvy, je neplatným pouze toto ustanovení, pokud z jeho povahy nebo obsahu anebo z okolností, za nichž bylo ujednáno, nevyplyvá, že jej nelze oddělit od ostatního obsahu Prováděcí smlouvy.
- 3.5 Nedílnou součástí této Prováděcí smlouvy tvoří následující přílohy:

Příloha č. 1 – Vymezení poskytovaných služeb

Příloha č. 2 – Rozsah poskytovaných služeb

Příloha č. 3 – Harmonogram plnění

Objednatel

Poskytovatel

V Praze dne - 1 -03- 2021

V Praze dne 26.2.2021

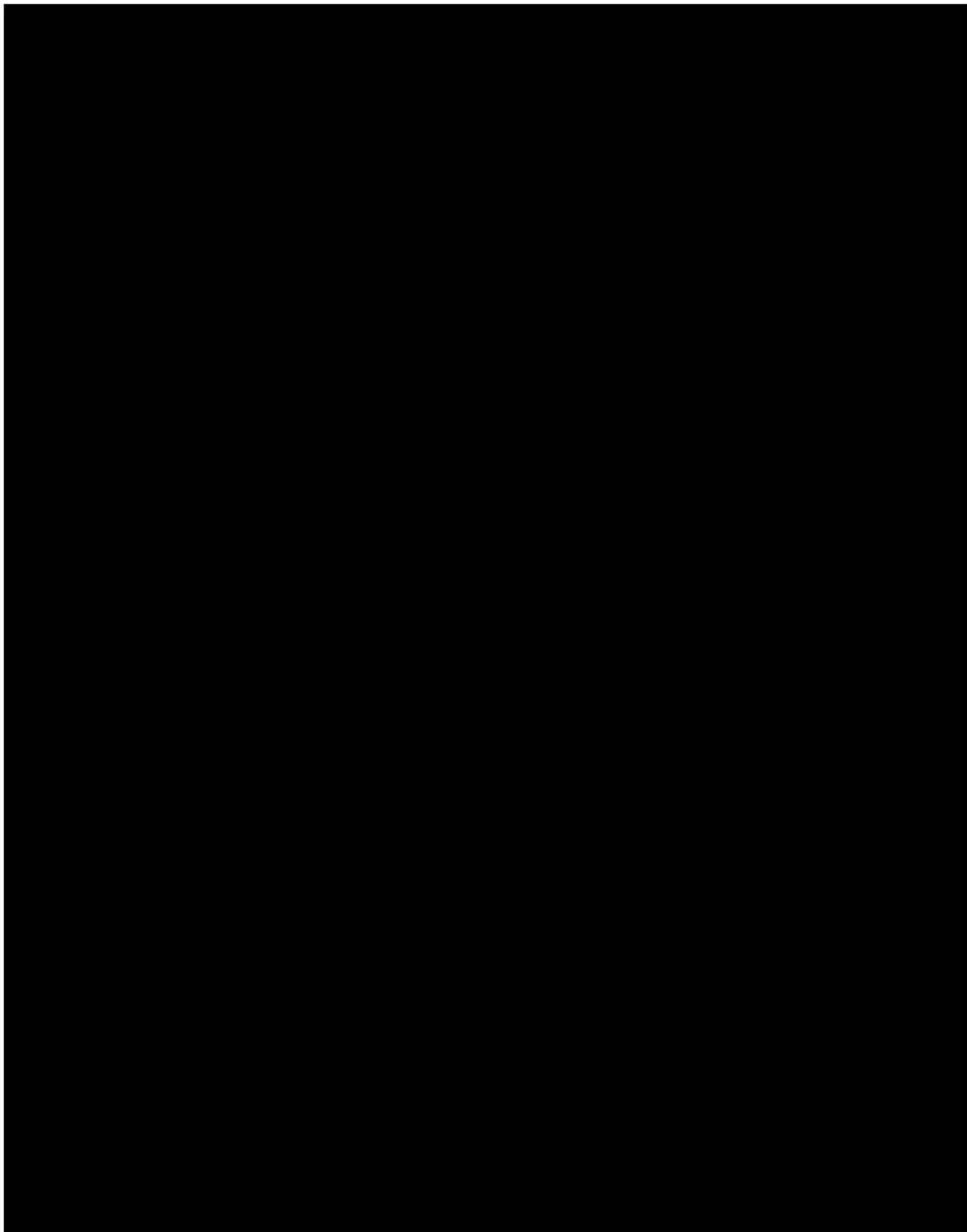
Ústav zdravotnických informací a statistiky

České republiky

prof. RNDr. Ladislav Dušek, Ph.D, ředitel

Příloha č. 1
Vymezení poskytovaných služeb

Předmět plnění:



the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1.2 million (Office for National Statistics 2000). The number of people aged 65 and over is projected to increase to 6.5 million by 2020, and the number of people aged 75 and over to 4.5 million (Office for National Statistics 2000).

There is a growing awareness of the need to address the health and social care needs of older people. The Department of Health (2000) has set out a strategy for the NHS to meet the needs of older people. The strategy is based on the following principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are treated with respect and dignity; (3) to ensure that older people are able to live independently; and (4) to ensure that older people are able to participate in the decisions that affect their lives.

The Department of Health (2000) has also set out a number of key objectives for the NHS to meet the needs of older people. These objectives are: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in the decisions that affect their lives; and (4) to ensure that older people are treated with respect and dignity.

The Department of Health (2000) has also set out a number of key actions for the NHS to meet the needs of older people. These actions are: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in the decisions that affect their lives; and (4) to ensure that older people are treated with respect and dignity.

The Department of Health (2000) has also set out a number of key outcomes for the NHS to meet the needs of older people. These outcomes are: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in the decisions that affect their lives; and (4) to ensure that older people are treated with respect and dignity.

The Department of Health (2000) has also set out a number of key indicators for the NHS to meet the needs of older people. These indicators are: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in the decisions that affect their lives; and (4) to ensure that older people are treated with respect and dignity.

The Department of Health (2000) has also set out a number of key targets for the NHS to meet the needs of older people. These targets are: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in the decisions that affect their lives; and (4) to ensure that older people are treated with respect and dignity.

The Department of Health (2000) has also set out a number of key measures for the NHS to meet the needs of older people. These measures are: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in the decisions that affect their lives; and (4) to ensure that older people are treated with respect and dignity.

The Department of Health (2000) has also set out a number of key priorities for the NHS to meet the needs of older people. These priorities are: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in the decisions that affect their lives; and (4) to ensure that older people are treated with respect and dignity.

[The following text is a dense, continuous block of text, likely a scanned document page. It contains numerous lines of text, many of which are illegible due to the quality of the scan. The text appears to be a mix of English and possibly some non-English characters, but the overall structure suggests a formal document or report. The text is too blurry to transcribe accurately.]

the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion, and the number of people aged 65 and over has increased from 0.2 billion to 0.5 billion (United Nations, 1999).

There are a number of reasons why the world population is ageing. First, the number of people who are under 15 years of age has decreased from 1.1 billion in 1990 to 0.9 billion in 1999. This is due to a decline in the birth rate, which has been caused by a number of factors, including a decline in the number of children per woman, a decline in the number of women who are having children, and a decline in the number of women who are having children at a young age.

Second, the number of people who are aged 65 and over has increased from 0.2 billion in 1990 to 0.5 billion in 1999. This is due to a decline in the death rate, which has been caused by a number of factors, including a decline in the number of people who are dying from infectious diseases, a decline in the number of people who are dying from non-infectious diseases, and a decline in the number of people who are dying from accidents.

Third, the number of people who are aged 65 and over has increased from 0.2 billion in 1990 to 0.5 billion in 1999. This is due to a decline in the death rate, which has been caused by a number of factors, including a decline in the number of people who are dying from infectious diseases, a decline in the number of people who are dying from non-infectious diseases, and a decline in the number of people who are dying from accidents.

Fourth, the number of people who are aged 65 and over has increased from 0.2 billion in 1990 to 0.5 billion in 1999. This is due to a decline in the death rate, which has been caused by a number of factors, including a decline in the number of people who are dying from infectious diseases, a decline in the number of people who are dying from non-infectious diseases, and a decline in the number of people who are dying from accidents.

Fifth, the number of people who are aged 65 and over has increased from 0.2 billion in 1990 to 0.5 billion in 1999. This is due to a decline in the death rate, which has been caused by a number of factors, including a decline in the number of people who are dying from infectious diseases, a decline in the number of people who are dying from non-infectious diseases, and a decline in the number of people who are dying from accidents.

Sixth, the number of people who are aged 65 and over has increased from 0.2 billion in 1990 to 0.5 billion in 1999. This is due to a decline in the death rate, which has been caused by a number of factors, including a decline in the number of people who are dying from infectious diseases, a decline in the number of people who are dying from non-infectious diseases, and a decline in the number of people who are dying from accidents.

Seventh, the number of people who are aged 65 and over has increased from 0.2 billion in 1990 to 0.5 billion in 1999. This is due to a decline in the death rate, which has been caused by a number of factors, including a decline in the number of people who are dying from infectious diseases, a decline in the number of people who are dying from non-infectious diseases, and a decline in the number of people who are dying from accidents.

Eighth, the number of people who are aged 65 and over has increased from 0.2 billion in 1990 to 0.5 billion in 1999. This is due to a decline in the death rate, which has been caused by a number of factors, including a decline in the number of people who are dying from infectious diseases, a decline in the number of people who are dying from non-infectious diseases, and a decline in the number of people who are dying from accidents.

Příloha č. 2
Rozsah poskytovaných služeb

Podpůrné služby		Cena v Kč bez DPH za jeden člověkodenní	Počet člověkodenní	Cena v Kč bez DPH
KL3.22	Expert pro oblast kybernetické bezpečnosti			
KL3.25	Operátor SIEM			
KL3.26	Expert pro vyhodnocování bezpečnostních incidentů (SIEM)			
KL3.27	Architekt ochrany TIF, specialista na budování SIEM systémů			
Celková cena v Kč bez DPH				8 573 500 Kč
Celková cena v Kč včetně DPH				10 373 935 Kč

Příloha č. 3
Harmonogram plnění

Předmět plnění	Termín plnění od	Termín plnění do
Poskytnutí expertních služeb v souvislosti s vybudováním a provozem bezpečnostní dohledového centra - SOC	1.3.2021	31.12.2021