

## UTHealth Houston DMS Frequently Asked Questions

### 1. What's new in the 2023 NIH Data Management and Sharing Policy?

Effective January 25, 2023, ALL grant applications or renewals that generate scientific data must include a detailed two-page Data Management and Sharing Plan (DMS) related to managing and storing data through the duration of the funded period as well as data dissemination.

Upon award and approval of the DMS, compliance with the plan is expected to ensure future funding.

See the NIH policy overview for further details: [NIH DMS Sourcebook](#)

### 2. What does NIH expect from investigators?

Investigators are required to prepare a DMS Plan with six structured sections: Data Type; Related Tools, Software Standards; Data Preservation, Access, and Associated Timelines; Access, Distribution, or Reuse Considerations; Oversight of Data Management and Sharing. Each section has further subheadings that investigators are required to complete based on the proposed project scope.

### 3. What does NIH expect from UTHealth Houston in terms of DMS oversight?

While investigators should seek established, publicly available data archives to deposit their data for long-term preservation and reuse, UTHealth Houston has developed an oversight plan with appropriate infrastructure to be put in place to provide institutional oversight for the DMS policy. The following is the template language investigators can use for Element 6 of their DMS Plan:

*The Office of the Executive Vice President & Chief Academic Officer (EVP/CAO) and The Office of Data Science (ODS) at UTHealth Houston will provide joint institutional oversight for the DMS plan.*

*Dataset(s) resulting from this research will be cataloged with essential project metadata and persistent identifiers in the institutional Data Ecosystem Portal for UTHealth Houston (DEPUT).*

*DEPUT is the institutional research data portal supported by UTHealth Houston for DMS validation, data curation, and streamlined data transfer to appropriate data archives for long-term storage and accessibility. Project PI will update data status in DEPUT, and the institutional office of Sponsored Projects Administration (SPA) will perform annual validation according to the DMS plan. Validation results will be reported to EVP/CAO and ODS for review. Gaps, if any, will be identified with appropriate correcting measures implemented."*

### 4. How can I determine if my research is subject to the DMS policy?

See NIH resources on Resources Covered by the 2023 Data Management & Sharing Policy which includes activity codes subject to the DMS policy ([activity codes](#)). Also utilize the NIH "[Which Policies Apply to My Research](#)" page for guidance.

### 5. What tools are available to help me develop a DMS Plan?

The [DMPTool](#) is a free application that helps researchers create data management plans. NIH has also created a format template found on their [Writing a Data Management and Sharing Plan](#) page in order to give researchers a better sense of the elements required in a DMS. Several NIH Institutes have created [sample DMS plans](#). UTHealth Houston has included guidance for completing some elements on our [webpage](#).

### 6. How long should data be available?

The DMS Policy states that researchers are encouraged to consider relevant requirements and expectations (e.g., data repository policies, award record retention requirements, institutional retention policies, journal policies) as guidance for the minimum time frame that scientific data should be made available, which researchers may extend. Researchers should consider any costs associated with data

preservation in the development of the budget request submitted with their applications.

**7. Are there any existing data repositories that I can use?**

There are a variety of publically available repositories as well as a [listing of NIH-supported repositories](#) into which investigators can deposit their data.

**8. Is there a UTHealth data repository that I can use?**

The institutional Data Ecosystem Portal for UTHealth Houston (DEPUT) can serve as the data repository for data types that do not have an NIH-recognized data archive or suitable public data archives for data deposition. Please include appropriate cloud storage costs in your budget justification to help cover costs of DEPUT as a storage mechanism. Please contact the UTHealth Houston Data Librarian for help.

**9. How do I request direct cost support to deposit my data and ensure DMS compliance?**

UTHealth Houston requests the inclusion of support for a Data Science Librarian (\$600 per grant year) and DEPUT maintenance (\$600 per grant year) be included in ALL DMS plan budget justifications. Add any additional costs as needed for your specific proposal such as repository fees; formatting data according to accepted community standards; de-identifying data; preparing metadata to foster discoverability, interpretation, etc.

If your data is not suited for a public repository and you intend to use DEPUT as a portal AND repository, please include budget justification for the appropriate amount of cloud storage to accommodate your data in DEPUT. As guidance, AWS S3 estimated costs are \$300/TB annually.

**10. Who owns the research data I produce and what are my responsibilities regarding its management?**

UTHealth Houston asserts ownership over research data for all projects conducted at the university, under the auspices of the university, or with university resources. This enables the university to respond to inquiries from funders and third parties, as well as appropriately protect the data, data subjects, and researchers. Principal Investigators (PIs) and other researchers are stewards and custodians of research data. Therefore, the PI's responsibilities with respect to research data are covered by HOOP policy 92.

**11. If I am submitting a multi-institutional R01, do I need to submit separate DMS plan for each participating institution or just one DMS plan merging the languages from all institutions?**

No. The DMS Policy expects only one DMS Plan to be submitted with each application and does not expect separate Plans to be developed for individual projects under that application. In multicomponent applications, the DMS Plan must be included in the Overall component. Applicants are encouraged to determine whether and how to coordinate responsibilities with respect to Plans with all Program Directors/Principal Investigators and all Key Personnel on the same application.

**12. Can you clarify how this new policy impacts subawards?**

When UTHealth Houston is the primary institution, we do not request funds from subrecipient, but we hold the DMS plan and charge direct costs per our policy.

When UTHealth Houston is the subrecipient, the direct cost budget can be very small, we will exclude the \$1200 fee as the DMS plan and its compliance should live with the parent institution.

**13. Where can I get more help?**

Several groups on campus will play a role in assuring UTHealth and its researchers are ready to meet these new policy changes. Please direct any questions you have to [Amy.Hazen@uth.tmc.edu](mailto:Amy.Hazen@uth.tmc.edu)

## Still have questions?

The NIH has compiled a list of FAQs to answer common questions about policy requirements: see [General Frequently Asked Questions \(FAQs\) from NIH](#)

### Here are some things to note:

- This plan will be treated as a term and condition of the award and is expected to be adhered to throughout the lifecycle of the award.
- Scientific data generated out of the project should be shared as soon as possible. No later than the time of an associated publication of work conducted in the project, or the project end of performance period, whichever comes first.
- PIs are expected to maximize sharing, which typically mean depositing data and associated metadata into publicly accessible repositories, which in all cases must be associated with a “persistent unique identifier,” usually a web based DOI code.
- Costs associated with data management and sharing during the project period can now be charged as direct costs. A budget for implementation of the DMS Plan is now required as part of a proposal.
- This policy applies only to research grants, not training grants, fellowships, infrastructure grants, nor instrument grants.
- Plans are recommended to be 2 pages or less.
- DMS Plan format page will be added to list of Format Pages and incorporated into FORMS- H application instructions.
- Do not include hypertext (e.g., hyperlinks and URLs) in the DMS Plan attachment.
- NIH program staff will review determine if Plan is acceptable or unacceptable. Unacceptable plans are returned to the PI during the Just-in-Time period for revision and resubmission by the PI and re-review by the NIH PO. (Peer reviewers only consider if budget is reasonable) / Program staff at the proposed NIH Institute or Center will assess DMS Plans, not peer reviewers.
- During peer review, reviewers will not be asked to comment on the DMS Plan nor will they factor the DMS Plan into the Overall Impact score. Peer reviewers will only use the information found in the budget justification to determine whether the requested Data Management and Sharing Costs are reasonable.
- Plan must be approved prior to award however plan can be continually updated / revised during the performance period with ICO approval.
- The DMS plan should also take into account any legal, ethical, or technical issues that may limit data sharing.
- Many institutes, centers, and research programs have instituted specific data sharing policies in addition to the trans-NIH policies: <https://sharing.nih.gov/other-sharing-policies/nih-institute-and-center-data-sharing-policies>. These policies are still in place and the new NIH DMS policy serves as the foundation. Both policies must be satisfied. Please use the online decision tool to determine if multiple polices apply to you.