**PART I**: **General Information (To be completed by all applicants)**

New or Revised Plan? Choose an item.

Plan version number: Click or tap here to enter text.

Plan Submission Date: Click or tap to enter a date.

PI name: Click or tap here to enter text.

Point of Contact for DMS plan: Click or tap here to enter text.

Project/Application/Protocol ID: Click or tap here to enter text.

**PART II**: **Data Management Sharing Plan Details**

**Add one row for each proposed repository/mechanism to share respective data types.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** of repository/ mechanism  | **Category** of repository/ mechanism (if applicable) | Broad **data type**(s) categories to be shared  | Brief description of data  | Estimated Data Deposition and Sharing Dates | Estimated data amount to be shared (optional) |
|  | Choose an item. | Choose an item. |  | Submission: Release: | Choose an item. |
|  | Choose an item. | Choose an item. |  | Submission: Release: | Choose an item. |

**\***[**Does the Genomic Data Sharing (GDS) Policy apply**](https://sharing.nih.gov/genomic-data-sharing-policy/about-genomic-data-sharing/does-gds-apply-to-my-research#when-does-the-nih-gds-policy-apply?)**?** [ ] **YES** [ ] **NO**

 **If YES:**

|  |  |
| --- | --- |
| Will the datasets be shared [according to GDS policy](https://sharing.nih.gov/genomic-data-sharing-policy/submitting-genomic-data/data-submission-and-release-expectations#genomic-data-submission-and-release-expectations) but no later than the time of publication or end of the project, whichever is sooner?  | [ ] **YES** [ ] **NO**  |
| Will an NIH-supported repository be selected for data subject to GDS? | [ ] **YES** [ ] **NO**  |
| Has an [Institutional Certification (IC)](https://sharing.nih.gov/genomic-data-sharing-policy/institutional-certifications/completing-an-institutional-certification-form) been submitted with the application or Just-In-Time that meets GDS criteria? | [ ] **YES** [ ] **NO**  |
| If responses to (1), (2) or (3) for GDS is NO, explain: |  |

**PART II**: **Data Management Sharing Plan Description**

|  |
| --- |
| **Element 1: Data Type**  |
| Will all scientific data generated by the research project be shared in a data repository that makes data available to the larger research community? If Yes, go to Element 2. If No, explain the rationale that determines which scientific data will not be shared. | [ ] **YES** [ ] **NO**  |
| **Element 2: Tools, Software, Code**  |
| Describe the tools, software, and/or code that are needed to access or manipulate shared scientific data to support replication or reuse, if any. |  |
| Describe how researchers can access the tools, software, and/or code listed above. Describe if “Other.” | Choose an item. |
| **Element 3: Standards** |
| List data or metadata standards or common data elements that will be used applicable to each data type shared.  | *Write N/A if no existing standards*. |
| **Element 4: Data Preservation, Access, and Timelines** |
| Explain if data sharing timelines will not meet expectations of the DMS or other policies, if applicable. | *Write N/A if timelines will be met per policy*. |
| What types of persistent identifiers/ indexing methods will be used for data releases, to enable findability and citation of shared datasets? |  |
| **Element 5: Access, Distribution or Reuse Considerations** |
| Describe any **limitations** or factors affecting subsequent access, distribution, or reuse of this data. |  |
| Are there any privacy or informed consent considerations for human data? If Yes, describe including **methods to protect privacy** and confidentiality.  | [ ] **YES** [ ] **NO**  |
| What **type of access** will secondary users utilize to access the shared data? Describe if “Other.” | Choose an item. |
| **Element 6: Compliance** |
| Describe how compliance with the Plan will be monitored and managed, frequency of oversight, and by whom. |  |
| Will data management and/or sharing activities be facilitated by individuals outside of the project team? If YES, list individual(s), their organization(s), and describe their role(s) and responsibilities. |  |

**PART III**: **Additional Information** (optional)

If additional policies apply (e.g., Clinical Trials Access Policy, FOA-specific requirements), describe additional information required to meet the policy: Click or tap here to enter text.

Provide any additional information or context for readers and reviewers of your Data Management and Sharing Plan:

Click or tap here to enter text.